

Civil Defense Measures **for the** **Protection of Children**

Report of Observations in Great Britain
February 1941

by

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to Great Britain



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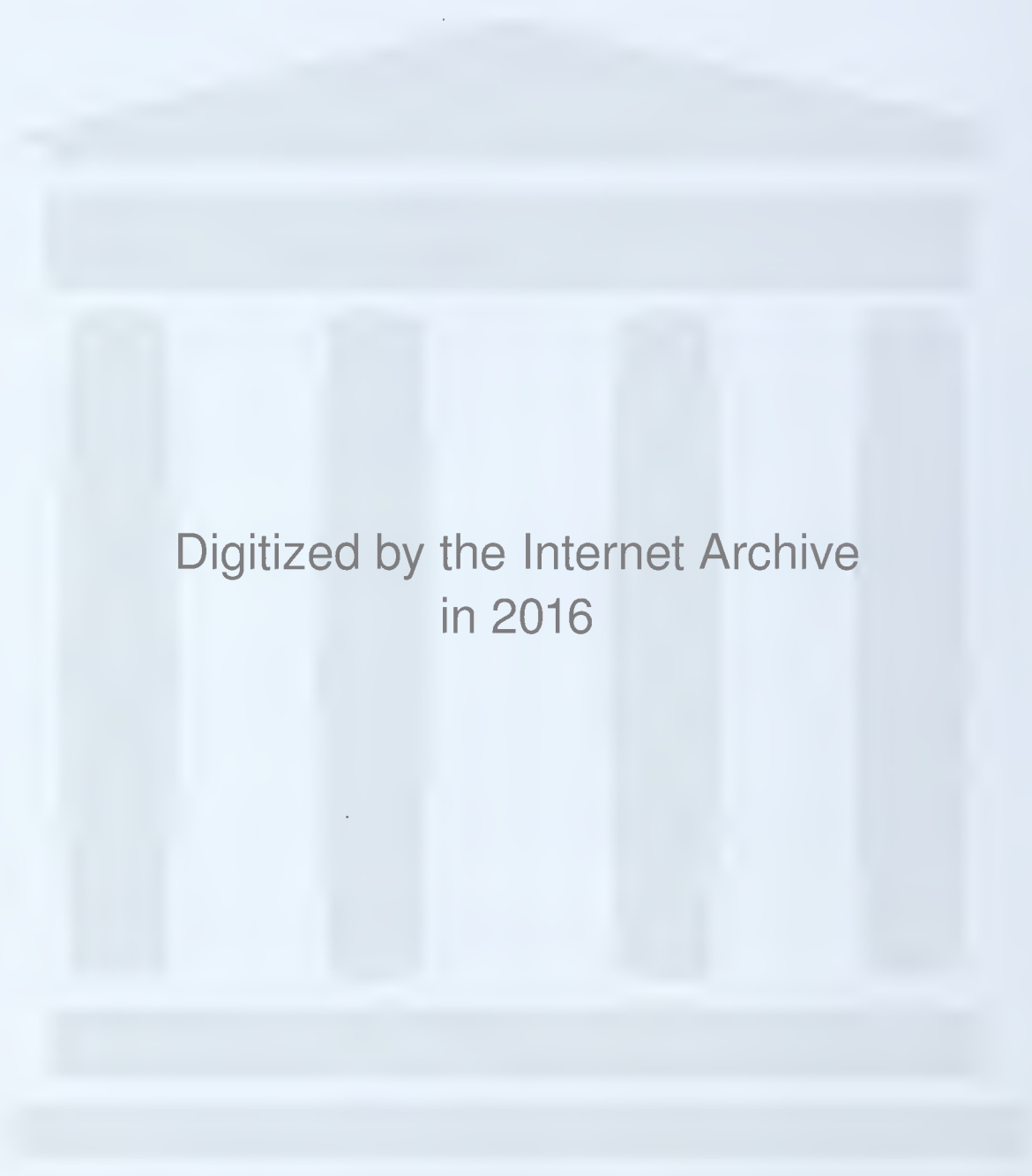
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LETTER OF TRANSMITTAL

UNITED STATES DEPARTMENT OF LABOR,
CHILDREN'S BUREAU,

Washington, January 2, 1942.

MADAM: There is transmitted herewith a report entitled "Civil Defense Measures for the Protection of Children in Great Britain," by Martha M. Eliot, M. D., Associate Chief of the Children's Bureau.

This publication is a report on the services for children including those connected with evacuation, as observed by Dr. Eliot in Great Britain during February 1941 as a member of the United States Defense Mission to Great Britain. The other members of the Mission were Lt. Col. Eugene Ridings, General Staff Corps, United States War Department; Thomas Parran, M. D., Surgeon General, Public Health Service, Federal Security Agency; Geoffrey May, Associate Director, Bureau of Public Assistance, Social Security Board, Federal Security Agency; and Frederick C. Horner, Consultant to Transportation Commissioner, National Defense Advisory Commission.

The report comprises a record of observations, summaries of official memoranda, and comments, and a series of recommendations on measures for the protection and welfare of children in a civil-defense program in the United States.

It is believed that these observations will form an invaluable background for the civil-defense program in its relation to children.

Respectfully submitted.

KATHARINE F. LENROOT, *Chief.*

Hon. FRANCES PERKINS,
Secretary of Labor.

PREFACE

Since this report of observations in Great Britain was written, in April 1941, and the conclusions and recommendations in respect of protection and welfare of children in a civil-defense program in the United States prepared, many changes have occurred that increase the urgency for action. In May 1941 the Office of Civilian Defense and in September 1941 the Office of Defense Health and Welfare Services (superseding the Office of the Coordinator of Health, Welfare, and Related Defense Activities) were created by Executive Order. On December 8, 1941, a state of war was declared to exist between the United States and Japan; on December 11, 1941, between the United States and Germany.

Protective services of civil defense, such as the civil-defense patrol, air-raid-warden service, fire fighting, air-raid drills, are being vigorously pushed forward in the United States by the Office of Civilian Defense and State and local defense councils. School officials in collaboration with defense councils are developing the details of procedure for the protection of children in schools. State and local defense councils are beginning to give serious attention to the health and welfare problems that would result from air raids on cities where the population is dense. Many defense councils are planning the steps necessary for medical and hospital care of the injured.

With the declaration of a state of war in December there arose a widespread demand from parents for information on the best procedures for the care and management of children during air raids. At least partial answers to questions have been given by civil-defense authorities and by many public agencies and private organizations.

As the realization grows of what war may mean to families and children living in cities and areas that might be military targets, there is an increasing demand to know what steps the Government would take to give protection to children in such areas and in case of real need to provide for their evacuation to relatively safe areas. In August 1941 a Joint Committee on the Health and Welfare Aspects of Evacuation of Civilians was appointed by the Director of Civilian Defense and the Director of Defense Health and Welfare Services to develop policies and plans. This Committee represents the Social Security Board, the Office of Education, and the Public Health Service, of the Federal Security Agency, and the Children's Bureau of the Department of Labor, as well as the two defense offices. A few

State councils of defense are working out preliminary plans for civilian evacuation in case of emergency. The American National Red Cross is cooperating with State councils through its disaster-relief division, especially on emergency procedures.

As this report goes to press there is no reason to expect a general evacuation of children from cities unless future occasion warrants it, but the possibility that partial evacuation or removal of families from certain areas of particular danger may become necessary should not be overlooked, and against that contingency plans are being made ready. The knowledge that plans are in preparation for the orderly evacuation of children and other priority groups of civilians from danger areas in case of real need should allay public concern, not arouse it.

The experience of Great Britain in handling the evacuation of children and others from her great industrial centers is invaluable to us in the United States in planning for any evacuation, large or small. It should be realized that conditions in the United States, both geographic and political, are very different from those in Great Britain and Scotland and call for plans that may be different in many ways from the British plan.

The attempt has been made in this report to present the British experience in a way that will be most useful to persons in this country who are concerned with protection of children. Attention should be drawn particularly to those parts which have to do with procedure, the changes and adjustments in plans in response to experience, and the provision of health and welfare services, and to the report on conditions in reception areas (the Shakespeare Report) published in January 1941.

MARTHA M. ELIOT, M. D.

January 1942.



Photograph courtesy Ministry of Health, Great Britain.

A historic mansion is being used as a residential nursery for evacuated children under fire.

Civil Defense Measures for the Protection of Children

As Observed in Great Britain, February 1941

INTRODUCTION

Civil-defense provisions for the protection of children and youth in Great Britain have been of two types: Those to protect children remaining in the cities under bombing, and those necessary for the evacuation of children to areas of relative safety and for their protection in a new environment. The steps to protect children in time of war by the agencies of government and others charged with their protection in time of peace took place in three general periods: The period covering the organization of the prewar program of child welfare, the planning period just before the declaration of war, and the later period of action under the impact of war.

The basic provisions for child welfare and child care¹ which had been developed gradually during the 20 years from 1918 to 1938 and which had originated as a result of the last war were, without doubt, fundamental to the success of the special emergency measures for the protection of children in the present war. The excellent morale of the parents and of the children themselves and the voluntary acceptance of the drastic measures for the protection of the children depended to a very considerable extent upon the general knowledge that child-welfare services and school medical services were available everywhere in the provinces as well as in the large cities. The authorities were aware of the fact that child-welfare clinics, school medical services, district nursing services, health visitors, and midwives were available under the jurisdiction of practically every local authority.

For instance, in rural counties in the reception areas for children from London, child-welfare clinics and district nursing service were available to mothers and children living in nearly every village and

¹ The term "child welfare" in England is used in general in the same sense as "child health" in the United States. The term "child care" refers to the social services for children provided by trained social workers or child-care committee volunteers.

town. It was said that no mother would have to go more than 6 or 7 miles at the outside to take her child to a child-welfare clinic (except perhaps in certain rural areas of northern England and Scotland not generally used as reception areas) and that the majority could attend a clinic within their own home communities. School medical services were available in some degree to all school children. School meals were being served to children in a good proportion of provincial schools. Prenatal clinics had been made available by all local authorities, and the service of trained midwives had become universal since the passage of amendments to the Midwives Acts in 1936. Consultant service from physicians and, in case of need, from obstetricians had been made available everywhere. On the recommendation of a physician, hospital care for maternity patients could be made available at least in a nearby town, though not always within the smallest local community.

The existence in both evacuation and reception areas of these health facilities and services before evacuation took place was a major factor in the success of the whole project. Evacuation placed a heavy extra load on the clinics and workers, and supplementation of the existing service became necessary. The basic services have stood the strain, however, and are being strengthened and expanded as far as possible to meet new burdens.

Mention should be made also of the progress in the development of nursery schools because of the important place they hold in the provisions made for care of young children under war conditions. At the outbreak of war the number of nursery schools in the country was not large, but the principle of nursery education had become well established. Even in day nurseries, which were still numerous in the industrial cities, nursery-education methods were being used to a considerable extent. When plans for evacuation were being formulated, it was the national organizations concerned with nursery schools, day nurseries, and other child-welfare activities that were ready with advice and suggestions as to how the young child should be cared for.

The tradition of the use of volunteers in child-welfare and child-care services was well established before the war. For many years citizens had participated in the work of local government, as magistrates, aldermen, council members, education or child-care committee members, child-care committee workers, and in other comparable positions. Groups of women had been organized in practically every locality of the country by one or another of the various national women's organizations such as the National Federation of Women's Institutes, the National Council for Maternity and Child Welfare, Women's Cooperative Guilds, Girl Guides, the British Federation of Business and Professional Women, and many others.

It was apparent, therefore, that the groundwork had been laid during the years since the last war for effective planning for the protection of children under war conditions. Without the basic services provided and without the Nation-wide assistance of volunteers it would not have been possible for parents to receive assistance even to the degree that was possible under conditions of bombardment or for plans to be worked out for the care of evacuated children in the towns and villages of the reception areas.

Comment should also be made on the courage and confidence with which the responsible agencies of government and the voluntary organizations undertook the most difficult and drastic plans for the protection of children and on the ingenuity with which they approached new situations and made major changes in their plans when unforeseen events proved a given course to be untenable. To protect the life and health of children was their first objective, their second to continue to provide educational and social opportunity to the fullest extent feasible. To move hundreds of thousands of children from areas of danger, to house, feed, and clothe them, to give them medical attention, and to provide educational facilities, even if partially curtailed, was a social undertaking of no small dimensions. It was indeed the greatest planned migration that has occurred in history. To continue as they did to give protection to children in cities under bombardment or liable to bombing rather than to order a compulsory evacuation to places of relative safety was to live up to the long-established tradition of the rights of the individual. Though costly in terms of money spent in reevacuating the same children two, three, or in some cases even four times, in the end the procedure followed would appear to have been justified because of its acceptance by an overwhelming majority of parents when bombing became a reality.

It is true that the authorities did not foresee the effect that the absence of bombing would have on the willingness of parents to leave their children in the reception areas. It is true that lack of foresight meant that thousands of mothers with young children and thousands of unaccompanied school children soon returned to the evacuated cities because of incomplete planning for their reception or their social adjustment to wholly new and strange surroundings in the country and because of the women's natural desire to return to care for their own households in the city since there appeared to be no danger. It is true that the closing of schools in London on the declaration of war meant that thousands of children were foot-loose and "ran wild" in the city for a while. It is true that conditions in the large shelters were bad during the early weeks of the "blitz" because the authorities had not intended to have them used as they were. It is true that there was

great disorganization in caring for bombed-out families in the early weeks and that children who had not been evacuated suffered greatly.

The point that should be made, however, is that a great metropolitan area was undergoing an experience new in its history and one for which complete planning ahead was not possible. The absence of bombing for a whole year of war could not have been wholly foreseen, nor the effect of the subsequent period of destruction which dispossessed thousands of families from the tenements while causing less physical injury to human beings than was anticipated. But in spite of the struggle and difficulty, planning for improved care went forward, and adjustments were gradually made to facilitate more prompt and effective effort. Lessons learned in the early stages resulted in major changes in procedure both in preparing children for evacuation and in providing more adequately for their congregate care as well as their care in individual billets in the reception areas. To have developed as effective an evacuation scheme as was done during the first year of the war when there was no bombing meant that subsequent evacuations under bombing have been orderly and that to a great extent the scheme has worked.

To have organized communal-feeding facilities and mobile canteens so that fleets of canteens and corps of organizers were constantly available to go to the aid of any bombed and stricken city was a great advance.

To have brought a very considerable degree of order out of the chaos into which the school program was plunged after the declaration of war and the closing of the schools is in itself a noteworthy accomplishment. That the education authorities in the evacuation areas were able to reopen some of the schools and reassemble pupils within 3 months in the face of the disorganization and to keep even part of them open after bombing is only slightly less extraordinary than that the authorities in the reception areas should now, at the end of some 18 months, be providing practically full-time educational programs to hundreds of thousands of children in addition to those of their own communities.

To have developed a plan for providing welfare officers (social workers) in the reception areas where no such service existed before evacuation marks an advance in the social services which to all appearances will become permanent. The impetus given to the child-guidance movement in the provincial boroughs and districts should mean a lasting extension of this service, so essential at the time, if training facilities can be made available.

All this indicates that foresight and constructive planning are being brought into play to protect children in the face of danger and great emotional and physical strain. The emotional effect on children of the

consequences of bombing and of separation from their families is clearly recognized and, so far as resources are available under the conditions of war, steps are being taken to meet it.

Many lessons may be learned by child-health and child-welfare workers, by housing and education authorities, who one day may be faced with situations where mass-protection measures must be used. To learn the most from the experiences of the British, a careful follow-through study should be made to evaluate the effect of the war on child life, on education, on child-health and child-welfare services, to learn how satisfactory the mass child-placing scheme has been, and to develop plans for the most effective reconstruction of family life. To make such a continuing study possible would contribute substantially to the ultimate solution of many problems of readjustment after the war in England and would bring out sharply those features of the total child-protection program which would be useful and applicable under different conditions in this country. It is recommended that a way be found to undertake and carry out such a study.

The observations upon which this report is based were made in February 1941. London was the only evacuation area studied in detail, but it was believed that all the problems of the protection of children under bombing could be found there, as well as the problems of preparation of mothers and children for evacuation. Two reception areas for mothers and children from London were visited and studied in some detail—first, the area west of London, and, second, part of the area north of the city. Both towns and villages and even open rural areas were visited to observe the households in which children were billeted, the hostels for congregate care of children or mothers, the various provisions for aiding the social adjustment of evacuees, such as communal feeding, social centers, communal laundries, nursery centers, and, lastly, maternity homes and residential nurseries for children under 5 years of age. A brief visit was made to Edinburgh and Glasgow and one smaller town in Scotland to observe the program in that country.

Throughout the period of observation many interviews were had with Government officials, both at the Ministries in London and in their regional offices in the reception areas, with local authorities, and with representatives of volunteer organizations involved in work for children and families. The large amount of time given and the untiring interest shown in providing information and help by all those interviewed are greatly appreciated, but special thanks are due the officers of the Ministry of Health, the Ministry of Food, the Ministry of Labour and National Service, and the Board of Education, and the Department of Health for Scotland, the local authorities in London, the Chairman and many local workers of the Women's

Voluntary Services for Civil Defence, and the representatives of a great number of social agencies in London and elsewhere. The willingness and thoughtfulness of each in giving time and effort can be adequately appraised only in the light of the difficult conditions under which work was being carried on, and exemplified the confidence and courage with which the total situation was being faced by the whole people.

This report will discuss first the protection of children in areas under bombardment and second the program of evacuation of children from such areas to areas of relative safety.

The report is not intended to be a complete or exhaustive treatment of the whole subject of the protection of children in wartime, but rather a review of steps taken by Government to institute and carry out procedures for their protection and of some of the kinds of assistance given by voluntary groups to aid Government in carrying out its program. Many phases of work for children are not described in detail; it is regretted that visits to the headquarters of a number of national organizations and interviews with many other individuals concerned with some of the problems investigated could not be made.

PROTECTION OF CHILDREN UNDER BOMBARDMENT

Civil-defense provision for the protection of children and of youth in areas under bombardment include such measures as air-raid precautions in schools, the equipment of shelters, provision of gas masks, medical services, care in rest centers for bombed-out families, special refuges for young children separated from their parents, and communal feeding.

Air Raid Precautions in Schools

Local authorities have been responsible for "Air Raid Precautions" under general plans recommended by the Ministry of Home Security cooperating with other Government departments such as the Ministry of Health and the Board of Education. Provisions for children in general have been similar to the provisions for all members of the civil population with the exception of the special types of service necessary in schools. Plans for air-raid precautions in schools and for the protection of the civil population in time of air raid through the use of shelters were started in 1937. The Board of Education published its first official circular (1461) [1],¹ Air Raid Precautions in Schools, on January 3, 1938, a second circular (1467) [2] on April 27, 1939, and a third (1535) [3] on December 18, 1940.

The first of these circulars gave general advice on the protection of children in schools against the dangers of air attack. In those areas where the risk of air attack was believed to be great, the collection of children in large numbers in school was not considered justifiable, and the Board of Education established the policy that for such areas schools should be closed during the whole period during which raids might be expected. The desirability of evacuating children to safer districts was appreciated, and though the difficulties of the scheme were also recognized, the Board of Education felt that the difficulties should not prevent its careful consideration. This first circular issued by the Board of Education indicated that, since evacuation might not be completed even if undertaken, it would be necessary to undertake advance planning for the protection of children in school in the evacuating area should a raid occur when the children were in school. Advice was given on the provision of respirators for children and the home instruction of children, during peacetime, in their use. The

¹ Numbers in brackets throughout the report refer to the appended List of References, p. 179.

provision of shelters and structural precautions to make buildings safer were discussed in this first information circular, but no specific instructions with regard to shelters were given. It was recommended that boarding schools in areas of potential danger from attack should be evacuated to places of greater safety. Recognition was given to the fact that school buildings offer particularly good facilities for first-aid posts and rest centers and that since Air Raid Precautions requirements would probably demand a large number of such posts it was considered likely that in time of emergency a number of schools would be used for this purpose.

In the circular [2] of April 27, 1939, it was stated that as part of the general Air Raid Precautions arrangements in areas of potential danger from attack, all day schools would be closed for instruction when an emergency first arose and that the reopening of such schools would be a matter for the discretion of the local education authorities in the light of actual experience of air raids and protective measures which it was found possible to provide for the safety of the children. It was recommended, however, that, in order to assist in preserving the morale of the children, as well as in the interest of education of the children, the schools should be reopened as soon as practicable, particularly in areas receiving evacuated children.

The Board of Education adopted the policy of keeping schools in the reception areas open but also pointed out that plans for precautions to be taken in the event of a raid when the children were in the schools should be made even though raids seemed unlikely. It was recommended that, if an air-raid warning should occur when the children were on the way to or from school, they should return to their homes at once unless quite near the school (in which case they should continue to the school) and that careful instruction should be given to the children to this effect. It was pointed out that school children, being under discipline, might be expected to carry out any instructions given them by the teaching staff should necessity arise. The teachers were advised that they should be familiar with all Air Raid Precautions services and that a certain number should acquire elementary knowledge of first-aid and antigas precautions. It was recommended that classes be arranged by local authorities for this purpose.

Recommendations were made further that the children should be given respirator and air-raid drills.

With respect to the question of structural precautions in the schools, it was recommended that in time of danger children should be assembled in groups of not more than 50 in one room or protective compartment. Alterations of major importance to school buildings were not contemplated, and where no alternative to such major alteration appeared practicable the school was to be closed. As a rule, it

was recommended that protection required should be provided outside the school buildings, and trenches (which should preferably be covered) were regarded as the most suitable form of shelter to give protection against the effect of blasts and splinters. Where new schools were under construction, reinforced basements were recommended. With respect to expenditures connected with such protective measures in school buildings the Board of Education decided that local education authorities could be reimbursed for 50 percent of the amount of approved expenditures for construction of trenches, the provision of equipment and material for sandbags, the protection of windows, or first-aid equipment.

With respect to the use of schools as first-aid posts, the circular [2] of April 1939 indicated that in those areas where it was decided that the schools should continue working during wartime, school buildings should not be diverted from their normal use except in agreement with the local education authorities and that wherever possible other buildings should be used for these purposes. In particular, in reception areas where local education authorities would be faced with the problem of providing for the education of considerably increased numbers of children, school buildings should not, save in the last resort, be taken for first-aid posts.

With the announcement by Kenneth Lindsay for the Board of Education on November 1, 1939² that schools in evacuation areas would again be opened, it became apparent that steps should be taken to provide protection for children in the schools. On November 11 and November 23, 1939, Circulars 1483 [4] and 1487 [5] were issued by the Board of Education, and on November 11, 1939, Circular 304 [6] was issued by the Ministry of Home Security, giving instructions with regard to necessary shelter precautions and such matters as selection of schools to be reopened, selection of shelter accommodation, protection of windows and doors, and the further use of school buildings for civil-defense purposes.

On December 18, 1940, the Board of Education issued its Circular 1535 [3], reviewing information given in the previous circulars and setting forth advice and information for evacuation areas, neutral and reception areas, and rural areas, with regard to protection of windows, lighting, heating, ventilation, sanitation, increased space, camouflage, emergency rations, protection against fire, and protection against gas. Further instructions were given with respect to the use of school shelters by the public, the rate of grant by the Board of Education for the improvement of shelter accommodations, the observance of the "alert," and the dispersal of children from a school not

² Parliamentary Debates: House of Commons Official Report—Wednesday, November 1, 1939 (Vol. 352, No. 190), p. 1937.

provided with its own shelter to nearby houses with Anderson or other suitable shelters.

In February 1941 instructions given in the circular of December 1940 were being carried out in the schools of London approximately as described.

Shelters [7, 8]

With the exception of provisions in a few large shelters, no special accommodations for children have been provided in London. In a few shelters special sections were set aside for mothers and infants or young children, and mothers were found to be traveling considerable distances in order to take advantage of such accommodations. In most of the large shelters children slept either on the cement floors or in the cots provided by the Government. During the early months of the bombing, sanitary provisions were very inadequate in the large shelters. As soon as the policy of permitting the use of tube stations and other large shelters was decided by the Government, measures were taken for the provision of proper sanitary arrangements and for the general welfare of the people. In February 1941 sanitary provisions were reported by the Ministry of Health to be reasonably good on the whole, though not yet adequate in some shelters. The Ministry had previously taken vigorous steps to provide the necessary equipment and bring about adequate supervision. Provision had also been made for first-aid units in nearly all large shelters and for canteens serving soup, cocoa, and other light articles of diet. Marshals were assigned to all shelters to give advice and aid in the general welfare of the public coming to the shelters. Nurses were employed to give assistance to mothers with children. Visits were made by physicians to the largest shelters each evening. Policewomen also visited certain shelters regularly every night and gave general supervision to all the shelters. Measures for protecting young people will be discussed later (see p. 37).

Many of the shelters were damp and cold, and, though they were not overcrowded in February 1941, children were sleeping in rows close to one another and to adults in many of the shelters visited. The opportunity for spread of infection was great. The service offered by nurses and physicians for first aid and for general advice in case of illness probably helped to keep down the spread of infection. Shelter life as observed in a number of visits was certainly an unwholesome and wholly unfortunate experience for any child.

Rest Centers for Bombed-Out Families and Other Types of Temporary Shelter for Children

Provision was made for bombed-out families in the so-called rest centers. No special accommodations for children were made in most

of these centers, but, so far as possible, children were given special consideration. Volunteers aided the staffs of the rest centers and gave special assistance to mothers in the care of young children.

The establishment of information or administrative centers in various parts of London after bombing began greatly facilitated making plans for evacuation of mothers and children or children whose mothers wished them to be evacuated alone, or for the rehousing or billeting of families with children in the city when evacuation was not desired. In each of these administrative centers there were representatives of the various public-assistance and other agencies responsible for the rehabilitation of families—a plan which greatly simplified the adjustment of various family problems. For instance, through these workers arrangements would be made for admitting mothers with young children to Emergency Medical Service hospitals for their temporary care immediately after being bombed out and before billeting. In other cases families received temporary cash assistance, aid in rehousing, and many other kinds of help.

When organizing the program for placement of children under 5 in residential nurseries in reception areas, it became necessary in 1940 to establish in the city of London an emergency nursery. This emergency nursery was managed by the Women's Voluntary Services. The number of placements of children in reception areas through this emergency nursery reached its height during the bombardment of the last 4 months of 1940, during which time 2,251 children were received, examined, and placed in one of the outlying residential nurseries.

In October 1939 the Ministry of Health issued a circular (1900) [9] asking the various boroughs within the metropolitan area of London and certain neighboring boroughs to make provision for places of refuge for young children who might become separated from their parents or guardians in the event of air raids. It was suggested that such places of temporary refuge should provide food and facilities for sleeping and rest for a short period until the children could be returned to their parents or relatives. To meet this problem of lost children, day nurseries or residential nurseries, as well as the rest centers, were used. As temporary measures, housewives who had registered in the W. V. S. Housewives' Service often undertook immediate care.

Mention should be made here also of the Citizens' Advice Bureaux which have been established by existing agencies or by *ad hoc* committees as centers to which bombed-out or evacuated persons or refugees could go for free advice without a bar of any kind. They were not set up as relief agencies. These bureaux have been of utmost assistance to parents who wish to get aid or clothing for their children or to learn about the existing evacuation schemes. There are some 900 of them scattered throughout centers of population (either evacuation or reception areas) in England, Scotland, and Wales. A handbook [10] for

the use of workers in the bureaus has been issued by the National Council of Social Service.

Communal Feeding

Communal feeding under the civil-defense program was made the responsibility of the local authorities charged with the provision of A. R. P. and fire-fighting services, the education or reception authorities responsible for children and other evacuated persons, and the public-assistance authorities responsible for the relief of those in distress in case of sudden emergency. A variety of communal-feeding centers have been established by these various local authorities, such as:

1. Communal kitchens or feeding centers (now frequently known as British Restaurants) set up for feeding bombed-out or evacuated people and others requiring full meals at regular hours. Such communal-feeding centers for evacuated school children or mothers and young children were often an outgrowth of the local school-meal program.
2. Cook houses to supply mobile canteens or individuals wishing to buy ready-cooked food to be taken away.
3. Canteens, or centers for the provision of food of all kinds, particularly for snack meals and for feeding A. R. P. personnel or those requiring food when it is not available from ordinary sources.
4. Mobile canteens supplementing stationary canteens to supply food—
 - a. Where difficulty in obtaining it is experienced owing to the scattering of the population.
 - b. To people not able to reach ordinary canteens.
 - c. To small numbers of people who are unable to leave their stations.

The organization of communal-feeding centers or community kitchens in areas under bombardment and in reception areas has been encouraged by the Ministry of Food, which has provided funds for the purchase of equipment and initial outlay of various kinds. The Ministry of Foods sees that food is made available to the communal-feeding centers and canteens; the cost of the food served, together with a proportion of the overhead, is met by the amounts paid by the people coming to the communal centers. The communal-feeding centers, thus subsidized by the Ministry of Food, are run on a nonprofit basis, but they are expected to meet the cost of the food.

The number of people feeding at communal-feeding centers varies, according to the need of the community served, from less than 100 persons a day to 1,000 or 2,000 persons. The average center in the cities feeds from 250 to 500 people.

The meals cost, as a rule, 6d. to 8d. for soup and main course with 2d. or 3d. extra for dessert. The meals observed in at least a dozen centers in London and the provinces were well balanced, including a nourishing soup, a fair-sized helping of meat, and an ample amount of potato and fresh vegetable. Dessert usually was a pudding, often

containing egg, or a fruit pie or stewed fruit. Tea and coffee were served at the majority of the centers. A variety of meals were provided. The flavor of the food was excellent, and it was well served and attractive in appearance. Great assistance in the organization of communal feeding has been given to the various responsible authorities by the Women's Voluntary Services. The Women's Voluntary Services issued a pamphlet [11] called "Communal Feeding in War Time," which not only describes the organization of the kitchens and canteens but also gives detailed instructions on buying and cooking, and lists types of food suitable for canteens and communal meals. Two chapters are provided on feeding children in reception areas and set forth the varieties of types of communal meals. Menus are given with, again, special emphasis on menus for children of preschool age as well as older children. The Women's Voluntary Services has organized a special department of its service to handle this part of its work. Circulars and folders have been issued to its local representatives giving advice on the organization of community kitchens [12], and circulars giving detailed instruction with regard to the construction of mobile canteens and wheel trailers of various sorts have been issued [13].

The London County Council has developed an extensive meal service [14] starting in mid-September 1940. By the middle of February 1941 there were some 146 centers in operation in London County, serving about 115,000 meals a week. The meals may be eaten on the premises or they may be taken home. A booklet [15] carrying information on management of canteens was issued by the London County Council in January 1941.

The Ministry of Food has issued pamphlets, posters, and various other types of publications [16, 17] on the subject of food and communal meals. In February 1941 the Ministry was about to publish a new illustrated pamphlet on the whole subject of communal feeding and national restaurants. In reception areas communal feeding for evacuated school children and for mothers and young children has been very generally established under the auspices of the local authorities and the Women's Voluntary Services. As a rule these communal-feeding centers serve from 50 to 200 persons a day. Often the school feeding projects are combined with communal feeding for evacuated mothers and young children. The establishment of such communal centers in reception areas has in many cases served to minimize difficulties arising from the billeting of mothers and young children in households.

The Board of Education has issued a pamphlet [18] to aid the people in preparing canteen meals for school children.

The principle of communal feeding is also being extended to the factories. In January 1941 the Minister of Labour and National

Service issued a leaflet [19] making suggestions with regard to the organization of factory canteens and giving the advantages of this service to workers living in billets, those who have been bombed out, and those who must work overtime.

Gas Masks

When masks for protection in case of gas attack were issued to the population, special types were provided for children and infants. The mask for the child from 1 to 5 years of age has been specially adapted to the use of little children. In many cases special decorations have been painted on them in the hope that a young child might be taught to wear the mask as a part of his play. The reports received were that it was very often difficult to get the young children to learn to wear these masks. Other children were quite willing to try them on and easily got used to wearing them. The problem of teaching children to wear masks, however, is a major one.

The problem of the use of a respirator for an infant was even more difficult to solve. The respirator provided is a large baglike structure in which a small baby can be placed, with a string around the opening which can be drawn up tight. Attached to the respirator is a pump which must be operated by the adult who holds the baby. Fresh air must be pumped constantly into the respirator. Each mother on leaving a maternity home is provided with a respirator for her baby and is taught how to use it. These respirators have been found to be useful for very young infants. Greater difficulty is encountered when an infant 6 to 18 months of age is put in such a respirator if he is unaccustomed to it; most of these infants are frightened and rebel against the use of the respirator. It is problematic how useful these infant respirators would be in case of gas attack.

Medical Services

Emergency Medical Services.

Medical services for children, as for other members of the civil population, were provided in areas of potential danger or under bombardment, through the Emergency Medical Services, the School Medical Services, the child-welfare centers, or by private practitioners if the family could afford to pay for care. The effects of the evacuation on health and medical services for children in London will be described in detail (see p. 112) in the section on health and welfare services. The use of child-welfare centers as first-aid posts, the use of schools for various A. R. P. purposes, and the evacuation of many of the London hospitals to prepare them for service as casualty hospitals resulted at first in decrease in many of the usual health and medical services for children and mothers. With the adjustment following the first large

evacuation and the return of many families to London, the health services in child-welfare centers and schools were restored to some extent. Though emergency obstetric and pediatric service is given in the London hospitals, patients are transferred to outlying hospitals as rapidly as possible. Outpatient-clinic service for children and antenatal clinics for women are carried on in connection with the Emergency Medical Services in the city. Care at delivery is given largely in improvised maternity homes outside London under the supervision of the Maternity and Child Welfare Division of the Ministry of Health (see p. 97 for detail).

Immediately after the order for evacuation, all health visitors employed in the child-welfare program under the borough councils were assigned to first-aid posts and other A. R. P. services. Likewise, as will be described more fully later, school physicians and nurses were assigned to the Emergency Medical Services. With the relatively small number of casualties resulting from bombing, it became apparent that the health visitors could continue to carry on their regular service to mothers and young children, at the same time having their headquarters at first-aid or other A. R. P. posts. With the reopening of schools in London in November 1939, a number of school physicians and nurses were returned to school medical services to carry on their regular work.

Civil Nursing Reserve.

The Civil Nursing Reserve [20, 21] has been formed for the purpose of maintaining a reserve of trained nurses, assistant nurses, and nursing auxiliaries to supplement nursing staffs of casualty hospitals and to provide local authorities with nursing personnel for their first-aid posts and for certain nursing services in reception areas. The Civil Nursing Reserve is a responsibility of the Ministry of Health and is directed by the Principal Matron for Emergency Nursing Services of the Ministry of Health.

The Civil Nursing Reserve includes three types of workers [20]:

1. Trained nurses, who must either be State-registered nurses on the general or special parts of the register or hold certificates of general training for at least 3 years in a recognized training school.
2. Assistant nurses, who are only partially trained.
3. Nursing auxiliaries who—
 - a. Undertake and satisfactorily complete the course of training approved by the Minister of Health and set out in part II; or
 - b. Belong to the St. John Ambulance Brigade or British Red Cross Society and have previously completed satisfactorily a similar course of training; or
 - c. Are already qualified by reason of auxiliary nursing experience during the last war; or
 - d. Being engaged in a profession allied to nursing (e. g., massage) can offer temporary service as nursing auxiliaries pending employment in their own profession.

The register of the Civil Nursing Reserve is maintained on a territorial basis in county and county-borough areas. In each county or county borough a local emergency organization considers applications and arranges for training of nursing auxiliaries, allocates members to the posts at which they will be required in an emergency, and is responsible for the efficient organization of the reserve in its area. As a rule, the local emergency organization consists of the county or county-borough medical officer of health, with a representative advisory committee, and is centered at the office of the medical officer of health.

The training for nursing auxiliaries is in two parts. The first part comprises two courses of instruction, one in first aid, the other in home nursing, and candidates are required to reach the standard recognized by the St. John Ambulance Association, the British Red Cross Society, and other agencies giving courses in first aid and in home nursing. The second part is a course of practical work in hospital, including not less than 50 hours' practical work. Candidates are advised to take 96 hours. In certain areas which are reception areas under the Government's evacuation scheme, a course of practical instruction by a district nurse may be substituted for the hospital instruction, but in such circumstances the candidate's offer of service would be confined to assisting in district nursing and school medical work in reception areas.

On December 31, 1940, a report [21] from the Ministry of Health indicated that 69,346 nursing auxiliaries were registered; as of that date, 26,917 were employed, and 2,896 were standing by for duty at hospitals or first-aid posts.

EFFECT OF WAR AND CIVIL DEFENSE ON CHILDREN

Influence on Social Services for Children

The provision of social and health services for children during the war has been influenced profoundly by the Government's policy of evacuating children from cities under bombing, by the necessity of withdrawing personnel from regular service for Air Raid Precautions and Emergency Medical Services, by the provisions necessary for the care of bombed-out families, and more recently by the steady increase in the number of women going into industry. Though many well-established services have been disrupted, many new ones have been developed.

Health workers have had to adjust their work to new conditions, and shifts in emphasis have occurred.

Social workers have found that their services were needed in new channels, and many have been moved from city to country. Social workers, formerly employed as child-care organizers for the London school system, have been assigned to regional staffs of the Ministry of Health or to county health offices to assist with community organization in reception areas. The demand for this type of worker has become greater than the supply.

The need for extension of the child-guidance service has become pressing, and skilled workers are being sought in cities and in the reception areas.

Impetus has been given to the nursery-school movement, though the pattern has been modified to some extent to meet the new demand for community nursery centers and residential nurseries for evacuated children.

In every phase of the social and health services there is evidence that difficult situations have been met with a surprising degree of success, and initiative in capitalizing on the present situation to build something better for the future is widespread. (A more detailed description of the changes in the health and welfare services will be found under the discussion of the evacuation. See pp. 97-128.)

Congregate care.

In the industrial centers there has been an increasing demand for the establishment of day nurseries and nursery schools and for the

extension under Government control of the "minder" system commonly used in the past in certain industrial cities where mothers of young children have been accustomed to go to work leaving their children to be "minded" by a neighbor, often of dubious qualifications as a caretaker for children. Though it was not the intention of the Government to call up married women with young children in large numbers in connection with the national registration, it was recognized that in many of the industrial cities women were already being employed increasingly in munitions and other factories, and the need for places where young children could be cared for in groups, such as day nurseries, nursery schools, and nursery centers, was very pressing. The need was so pressing, in fact, that serious consideration was being given to expansion of the "minder" system because, in the opinion of some in the Ministry of Labour and National Service, it could be developed more rapidly than could day nurseries and could be supervised by the health visitors under health agencies who had been accustomed to supervising boarding homes under the Child Life Protection Act. Opposition to the development of this system was already being expressed by workers who realized the dangers of the Government's giving approval and financial support to such a scheme, even though every effort was made to use only registered and approved "minders" and to require frequent inspection and reports.

National organizations concerned with day nurseries and nursery schools were active in giving assistance in the care of children under 5, not only in planning and supervising the evacuation of day nurseries and nursery schools from London and other industrial centers under bombing, but also in stimulating the establishment of new nurseries and nursery centers in industrial cities where women were at work or in reception areas.

As the war progressed, the demand increased steadily for residential nurseries in reception areas to house new groups of young children from the evacuation areas—children from bombed-out families whose mothers could not leave home or children whose mothers were working in some war industry. Late in the first year of the war a number of additional residential nurseries were established with the financial assistance of the Government and under the supervision of the Ministry of Health. As was the case with day nurseries evacuated from London at the beginning of the war, voluntary agencies were given the responsibility for management of these new nurseries.

The establishment of new nursery schools during the period following evacuation had to give way temporarily to the development of a modified form known as a "nursery center" organized in reception areas to assist in the over-all problem of adjustment of the evacuated

mothers with children under 5 to their new environments. Similar centers were established in industrial cities, but under these conditions they resembled day nurseries more than the typical nursery school. The shortage of well-trained nursery-school teachers seemed to be the chief reason why nursery centers rather than nursery schools were established in reception areas. The Ministry of Health and the Board of Education have encouraged the development of nursery centers. (See pp. 79 and 125.)

Owing to war conditions and the evacuation scheme, certain changes have taken place also in the congregate care of older children.

Children attending special day schools in London and other large industrial cities were evacuated in many cases as "special parties" to school camps or other large residential estates where whole classes or even whole schools could be accommodated together. This plan involved, particularly, children who were retarded mentally and children who were in special classes because of crippling or had heart disease. These two groups in London were evacuated to the London County Council's special convalescent home outside the metropolitan area. A special group of children with diabetes was evacuated to one of the residential establishments. These "special parties" remained under the general supervision of the London County Council though under the immediate supervision of the local authority also.

Classes of senior-school or secondary-school children were sometimes evacuated from London to school camps, which were thereby transformed into boarding schools. This procedure was not universally approved, but many believed that it was an intensely interesting experiment in education of secondary-school children in tax-supported boarding schools which should not be condemned until it was tried out carefully.

On the other side of this picture was the experiment of placing out in private homes children who had lived, sometimes most of their lives, in institutions under the charge of public-assistance authorities in London. With the evacuation order the public-assistance authorities agreed that children over 5 in their institutions could be placed in billets with children from the regular schools. One worker reported that the experiment had been a complete success with 70 per cent of the children so placed from one institution and that still further adjustment would undoubtedly take place. It was reported that the agency would never return to the institutional form of care.

Mass billeting vs. selective placement.

Under the conditions of evacuation from a city in actual or potential danger from bombing, selective placement of each child was impossible. The plan for mass placement will be described in detail under the section on evacuation (see pp. 43ff.). The results of

this procedure have been surprisingly good and should be weighed in the light of the fact that the children to be placed were "run of the mine" children from all the schools of the cities evacuated. That thoughtful observers of the movement estimated that only from 10 to 15 percent of the total groups turned out to be more or less difficult to place is a significant commentary on the success of the plan. How successful the adjustments were of the remaining 85 percent is not known as yet. A majority must have been reasonably successful or more information on difficulties would be at hand. Nevertheless, the authorities were aware that serious consideration should be given to the need for special placement of many children, and that the use of hostels for difficult children (see p. 110) was not the best solution in many cases.

Thoughtful consideration was being given, especially by child-guidance workers and by child-care workers who had been placed in reception areas, to the special need for selective placement in foster homes of young children and older children with various behavior problems. Child-placing agencies, such as the Invalid Children's Aid Association and the Children's Country Holidays Fund, have continued their programs and have given assistance to the authorities by placing in selected homes difficult children or children from bombed-out families who could not be cared for under the Government evacuation scheme. Because of the great number of children that had to be billeted in a very short time under the initial evacuation scheme, the great crowding of all reception areas near London, and the relative lack of trained workers, it was impossible to attempt to carry out an extensive plan of special placement, desirable as it might have been. It was, however, current belief among social workers that more-selective child placing was much needed.

Physical Condition of Children

In evacuation areas.

Reports from the Ministry of Health and from various health officials in regional and county health offices, from education authorities, and from other observers received in February 1941 indicate that the physical condition of children in the cities under bombardment had not so far been seriously affected by the situation. Undoubtedly the physical condition of many children has been affected by the kind of life they must lead in evacuation areas, but to identify such children has been found exceedingly difficult.

No-detailed records of examination of children were available for study to determine whether the nutritional status of the children was being affected by rationing or by the disturbances in family life or continued experiences in shelters. The interference with normal sleep and

the exposure to infections must have some deleterious effect on children continually subjected to the discomforts of spending the night in shelters. Colds were reported to be prevalent, though epidemics of more serious import had not occurred. Reports from social workers indicated, however, that the effect on individual children in terms of loss of vigor and general well-being was apparent.

That concrete manifestation of ill effect could not be identified readily by physicians came out after the issuance in January 1941 of the circular from the Ministry of Health calling for compulsory evacuation of children found at medical examination to be suffering in mind and body as a result of hostile attack or in such a state of health as to be likely so to suffer if they remained in a specified evacuation area. (See p. 96.) By the end of February, in only a few cases had physicians been willing to certify to conditions that required compulsory evacuation. On the other hand, the possibility that compulsion might be used had served as a lever to get a much larger number of mothers voluntarily to evacuate children known to be in generally poor condition because of the life they were leading in shelters.

In reception areas.

Reports of health, education, and welfare authorities indicated that the physical condition of children evacuated to small towns and villages in the reception areas has on the whole been greatly improved. Though again statistics were not available to show gains in weight or other evidences of improved physical health except for reports [22] on small groups of children, workers in the reception areas consistently reported that children from the city gained in weight rapidly during the first few months after evacuation—in the opinion of some, more rapidly than would be expected normally. Reports from others indicated that the gains were not unusual or that if they appeared to be very rapid at first the rate decreased later and the gain continued in the curve that would be expected. The opinion of many workers was that the general vigor and activity of the children were greatly improved.

The only widespread epidemic that had occurred since evacuation started was the epidemic of measles still current in February 1941. Measles had been prevalent throughout reception areas and had occurred in many of the residential nurseries. Reports indicated, however, that there was no abnormal increase in bronchopneumonia associated with measles, and no increase in mortality. Statistical data on mortality were not available and will not be available until the vital statistics are prepared at a later date.

A report [23] from one reception area, dated January 1941, indicates that epidemics of infectious diarrhea were not uncommon in the residential nurseries established for evacuated day nurseries or nursery

schools in September 1939 or thereafter. In many cases the adult attendants also had the disease or complained of sore throat. Some children were seriously ill with fever, jaundice, diarrhea, and vomiting, and several children died. In a number of cases septic sore throats were reported. A few cases of scarlet fever, whooping cough, and chicken pox were reported, indicating spread of these diseases within one nursery, but no widespread epidemic occurred.

The epidemics of infectious diarrhea were attributed, by the representatives of the Ministry of Health with whom it was discussed, largely to the overcrowding that existed when these nurseries were established under the pressure of the first evacuation in September and October 1939. The organization of these nurseries had been left to the voluntary agencies responsible for the groups of children in London, and detailed standards of care and housing had not been set up by the Ministry. The Ministry, on receiving reports of sickness, immediately sent women inspectors or physicians to the nurseries, who looked into the housing conditions and the milk and water supplies. Standards of housing and care were set up, isolation quarters established, overcrowding reduced, trained State-registered nurses placed in each nursery, laboratory facilities made available, and medical care provided, with pediatric consultation if required. In February 1941 the situation appeared to be under control, though some cases of diarrhea were still being reported, and on visits to two nurseries children isolated because of diarrhea were observed. The Ministry of Health was receiving reports from all nurseries of any illness among the children or staff. The opinion was expressed, however, that more medical-inspection service was needed from the regional offices of the Ministry if the conditions in the nurseries were to be really satisfactory.

Protective Foods for Children

With rationing of food for all the civilian population, special efforts have been made to provide the protective foods in adequate quantities for children. The Ministry of Health early declared that children and pregnant women should be given priority in the distribution of milk, and a scheme to distribute dried milk through child-welfare and prenatal centers and the schools was organized by this Ministry in 1940. In February 1941 an additional proposal had been made by the Ministry of Food to issue an order giving young children priority in the use of oranges. Both these priority orders have recently been supported by the Ministry of Health. Shortages in the supply make the strict enforcement of the priority orders essential if children are to be protected. The foods necessary to provide a well-balanced midday meal in the schools were being made available by the Ministry of Food and, as has been pointed out, communal-feeding centers have been estab-

lished in many of the evacuation areas and also in reception areas for evacuated children.

The scarcity of eggs, cheese, and meat, and their limitation to individual families through rationing, has meant that the amounts included in the diet of children are greatly limited, except so far as they can be included in the school meals.¹

Visits to residential nurseries brought out the fact that oranges had not been available for a good many months for the young children living in these nurseries. Health visitors, welfare workers, and others reported that the shortage of foods containing vitamin C was very great. Though they preferred to have a supply of orange juice or grapefruit juice, since the people had been taught to give these foods to their children, nevertheless they felt that there would be no difficulty in teaching mothers to give their children vitamin C tablets daily, should these be made available through child-welfare centers and the schools. The importance of increasing the supplies of vitamin C was emphasized by experts of both the Ministry of Health and the Ministry of Food.

In July 1940 the Ministry of Food inaugurated the National Milk Scheme, under which every expectant or nursing mother and every child under 5 can obtain 1 pint of milk daily at the reduced price of 2d. (compared with 4½d. in most areas). If the parents' income does not exceed 40s. a week (plus 6s. for each nonearning dependent) the milk may be obtained free. After a year's operation of the scheme, over 3 million persons were benefiting from it (in August 1941). Dried milk (full cream or half cream) can be obtained on similar terms if a doctor prescribes it in place of liquid milk.

Though cod-liver oil was still available to some extent for infants, the resources were very limited, and it was apparent that an increase in the supplies of vitamins A and D would be needed shortly. Workers in the child-welfare field indicated that vitamins A, D, and C put up in special capsule form for use for infants would be very acceptable.

General Morale Among Children and Youth

The morale and general emotional condition of children, both those under bombing and those evacuated to areas of relative safety, were on the whole amazingly good under the circumstances. Reports from many types of workers with children indicated that, though

¹ A report [23a] on the "Deterioration in Health of the Elementary School Children in an Area of Gloucestershire in Relation to War Conditions," published since this report was prepared, indicates that shortage of meat, fish, fruit, and cheese was believed to have accounted for the increase in absenteeism. There was also an increase in colds, coughs, and sore throats.

before the air attack it was expected that many children would suffer emotionally, the actual facts of the situation did not prove this to be the case. The reports indicated, on the other hand, that many children reacted to the bombing as if it were an adventure. Even child-guidance workers repeatedly stated that the effect of the bombing on children was less than had been expected; and though great preparations had been made for war neuroses among adults the number of cases was extraordinarily small.

A certain number of severe psychoses among children did result, however, from experiences associated with bombing. Some of them finally found their way to hospitals or to child-guidance clinics. Many less severe disturbances were known to workers, but the total effect will not be known for some time to come. In the opinion of some social workers many more children were suffering from emotional disturbance than seemed to be at this time. It was the opinion of some child-guidance workers that the neuroses or psychoses that did occur were nearly always in children who had histories of previous emotional disturbances or behavior difficulties which had flared up as a result of the situation created by bombing or evacuation. It was evident that children insecure in their own homes were not able to stand up against the total situation and that these children particularly reacted unfavorably when they found their homes destroyed or were removed and placed in foster homes. Child-guidance and other workers reported that often the fears of children were transmitted to them by their parents and, vice versa, a courageous attitude on the part of parents meant courage and confidence among the children.

Though in general many children did not show severe emotional strain, observers who continued to live in London during the attacks indicated that the strain of night after night in shelters and the continuous uncertainty, coupled with loss of homes and of regular family life, were beginning to tell in the general emotional life of the children living in the areas where bombing was most severe. Reports from settlement-house workers in the east end of London brought this out most clearly.

Little children under 6 or 8 years of age seemed on the whole to react more favorably to the situation, but that in some cases bombing had a severe effect on the emotional life of even young children was borne out by the reports of psychologists with regard to little children suffering from typical psychoses or anxiety neuroses. Fortunately, the number of these cases was relatively small. The effect on the young child who has shown little or no overt reaction to what must be a seriously disturbing situation in thousands of cases is not as yet known.

Older children and young people were reported as reacting with an urge to activity and a restlessness which resulted often in inability to concentrate on any serious activity. Social workers reported that one group of young people coming to the settlement clubs at the time when the "blitz" began did not want to continue their usual club activities, but demanded to be allowed to dance late into the evening. This urge to dance was continuous throughout the several weeks of the "blitz," and nothing that the settlement workers could suggest would divert the young people from this interest. When alerts sounded and the young people found that they must seek shelter, they often preferred to go to shelters in groups, separate from their families. It was not until some weeks after the "blitz" had started that the settlement workers were able to get the young people to participate in other types of activities or to initiate any projects that were constructive in character. The first type of new activity that the young people wanted to undertake was dramatics. In February 1941, 6 months after the onset of the "blitz," the young people in this settlement in the East End were once again finding an interest in a somewhat larger variety of projects, though their chief interest still was in dramatics.

Except for this urge on the part of young people for activity, which may have led them to seek adventure away from their families, the effect of the "blitz" was to solidify family feeling and family life. Many families when bombed out, though theoretically desirous of evacuating their children to safer areas, kept them at home because of the desire of the parents to have the children near and to protect them. The sense of insecurity which children of all ages must have had as a result of the loss of homes and the general destruction about them was mitigated perhaps, at least to some extent, by their feeling of security within the family. One social worker, in speaking of this tremendously strong family and home feeling, pointed out how difficult it was for city dwellers, even though bombed out of their homes and shelters, to decide to break up the family life and leave home to go to the country. Families that had never before had to depend on public authorities for assistance knew for the first time what it was to have to seek aid. In many cases families that were bombed out could make no plans that would give them a sense of security and had no promise of new homes. Many families preferred staying in the area of the city which they knew as home and where they had friends, even though it was seriously damaged, because of the strangeness and the sense of insecurity that came with moving into a new area where new friends would have to be made. All this instability of family life, loss of home and possessions, movement from place to place, must be having its effect upon the children in the families.

It is difficult, however, to weigh the effect on children of life of this sort in the city against the effect of separation and of insecurity resulting from removal from the home and placement in a foster home in the country. The history of evacuation, however, would indicate that public opinion was in favor of removal of children from the bombed areas. The decision which the authorities made in establishing the policy of evacuation was based primarily on the consideration that the preservation of the lives, safety, and general well-being of children was the primary objective. The opinions expressed among social and health workers in London after 6 months of bombing would bear out the wisdom of the Government's policy. Nearly every worker or observer interviewed agreed in February 1941 that children were best off away from the bombing. The fact that the parents of five-sixths of the school children and of the children under 5 had by January 1, 1941, voluntarily cooperated with the Government in evacuating their children to places of relative safety indicates that the people agreed with the Government.

Effect of Evacuation on the Emotional Life of Children

The mass evacuation of children which took place both before and after the onset of bombing must be regarded as an important civil-defense measure, and one not undertaken without careful consideration of the many effects upon the children. In the first evacuation, in September 1939, nearly a million children were removed from their own homes and placed largely in foster families in the country within a period of 4 days. It was a planned mass migration—the greatest child-placing project ever undertaken. It should be borne in mind that the group placed was a cross section of all children in the population except those in families who were in a position to find their own accommodations. This meant that the majority probably were children from homes where family life was on the whole reasonably well adjusted and that the proportion of children who were "difficult" or were known to have behavior problems before evacuation, or whose parents were in difficulty, was smaller than in any group of children coming to a child-placing agency for foster-home care in normal times.

Though many children placed in strange surroundings immediately showed reactions which without doubt were due to emotional disturbances, such as the sudden onset of enuresis or other psychosomatic difficulties, petty delinquencies such as thieving, or other asocial behavior, the great majority of children fitted into their new homes with reasonable success.

The return home of a large number of children of school age during the first few weeks after evacuation was apparently due more to the

absence of bombing in London and to the desire of the parents to have the children with them, or the unwillingness of parents to leave children in a community the life of which was very strange to them, than to maladjustments of the children themselves to their new homes, though naturally "misfits" did account for the return of a good number. Later, when the drift back to London had practically ceased and the 400,000 children left in their new homes had settled down to a normal routine, it was possible to judge more accurately the number of misfits. It was estimated in some areas where data were available that not more than 10 or 15 percent of the children should be classified as difficult for placement. The difficulties were due to a number of causes, among which various behavior problems or minor emotional disturbances took first place.

Authorities did not foresee the need that would arise for the immediate congregate care of children who for one reason or another were difficult to place in individual foster homes. Enuresis was a common cause of difficulty. Many cases of acute enuresis were handled successfully by rebilleting children in families that were responsive to the children's emotional needs. Cases of chronic enuresis frequently had to be dealt with in hostels for the care of such children. In the analysis of a series of cases carried by a child-guidance worker in a county north of London during the first year of evacuation, enuresis accounted for nearly 28 percent of the original complaints. Other psychosomatic disturbances, such as fecal incontinence, speech disorders, sleep walking, contributed another 10 percent, and psychoneurotic disorders, including anxiety neuroses and depression, 25 percent. Behavior disorders, including petty thieving and other types of aggressive and unmanageable behavior, made up still another 25 percent, and educational difficulties, including mental defects and retarded speech, accounted for 11 percent.

Child guidance.

The occurrence of these behavior and emotional disturbances among children in the reception areas stimulated almost at once requests on the part of health and other officials for the assignment of social workers and child-guidance workers from London to assist in the supervision and care of these children, the establishment of suitable hostels for their temporary or more permanent care, their supervision in foster homes, and the development of other community activities to help in the adjustment of these and other children to their new surroundings. Almost immediately after the first evacuation in September 1939, the Mental Health Emergency Committee [24] offered to assign mental-health workers to a few of the reception areas for the purpose of helping to deal with evacuation problems among children, to set up child-guidance clinics, and to establish registers of social workers trained in

mental health and of voluntary workers. The number of workers that could be lent was small, but during the year and a half since the first evacuation a number of workers have been lent to reception areas, seven new child-guidance clinics have been opened in the provinces, and the importance of the contribution to be made by these workers has become fully realized by the health and other authorities in many of the counties.

In November 1939 the Mental Health Emergency Committee suggested to the Ministry of Health that a useful purpose could be served if a survey of existing hostels for children were instituted. In May 1940 such a survey was requested by one of the senior regional medical officers of the Ministry of Health. This survey was carried out and proved valuable to the Ministry of Health and the local authorities because it assisted in reclassifying the hostels and indicated the types of hostels it was necessary to establish on a regional basis. The survey [25] pointed out that there should be not only sick bays for children suffering from minor physical conditions, but also clearing and observation homes where difficult children could be observed for a period of time, homes for children suffering from temporary emotional disturbances, and, lastly, homes for children with persistent psychological difficulties. The recommendations included statements concerning the qualifications of personnel necessary to staff the observation homes for difficult children and pointed out that all the homes should, when at all possible, have psychiatric advice available.

The need for providing more workers in the child-guidance field, and therefore the need for more extended facilities, was stated repeatedly in interviews. It was believed that social workers and others suitable for training were available. The finances and facilities for training are inadequate at the present time.

Child-care workers.

The appointment of child-care workers from the London child-care committees to serve in the regional offices of the Ministry of Health and also in the county health departments will help very considerably in meeting the need of the local authorities for workers who understand these emotional disturbances in children. It was the opinion of local health workers that with a child-guidance worker available to give specialized advice and a child-care worker in the county to help with community organization of case-work and group activities most of the problems among children could be handled.

Reports and articles on psychological aspects of evacuation.

Much has been reported in the press, in parliamentary debates, in magazines and books regarding the problems arising from evacuation. Perhaps the most pertinent of the printed articles that relate to the emotional life of the evacuated child are those prepared by a group of

child-guidance workers and published first under the general title, "Emotional Problems of the Evacuation" [26], and later as a booklet called "Children in War-Time" [27]. Here are to be found discussions and recommendations for further action on emotional disturbances among children removed suddenly under conditions of stress from their families, on problems of the young child, on the reactions of the mother who has been deprived of her children, on the problems of foster parents and teachers, on visiting by parents, and on homes for difficult children. Some conclusions reached by these writers are worth repeating here.

In summing up her article on "The Uprooted Child", Dr. Susan Isaacs says:

Evacuated children have three deep needs. First, they need not only shelter, food, and clothing, but warmth of atmosphere, love, and friendliness. They need a *home*. They can no more live without love and warm friendliness than they can without food and shelter.

Secondly, they need an active social life among their companions, together with the space, material, and opportunity for play, and for all the creative activities (arts and crafts, drama, books, excursions) which will enable them to feel that they are still learning and creating, and help them understand the new aspects of life with which they are surrounded. Play centers and their own schools should give them these active experiences of the new world they now live in.

Thirdly, they need help in keeping alive the images of their parents and their loyalties to their own homes. The foster parents, the schools, the social agencies, cannot serve these children fully if they break these links. They can do so only if they show a friendly attitude to the children's own family and home life. And this is not a mere matter of allowing or encouraging visits from parents. It has much more to do with attitudes and feelings. The boon of good food, country air, new experiences, a better way of life, are little worth if they are allowed to drive a wedge between the child and his own parents.

Dr. John Bowlby, writing on "The Problem of the Young Child" from the psychiatrist's point of view, recommends:

1. That suitable accommodation should be provided in reception areas for those mothers who are willing to go with their younger children. Such accommodation should not be in other people's houses, but should provide the evacuated mother with a little home of her own either in an empty cottage or as part of a community of mothers and children in a large house.

2. In the case of children whose mothers cannot leave the danger areas, every effort should be made to arrange for them to go either to friends or relations already in a safe area or with friends who are themselves being evacuated.

3. Where this cannot be arranged it should be considered whether the child is not better off with his mother in an evacuation area than in a reception area with a stranger. Babies under 2 years old should on no account be evacuated to the care of strangers.

4. If small children are evacuated without either mothers or friends, every possible care should be taken to see that they remain in the care of

one person during the period of their evacuation. To this end it is suggested that as many children as possible should be placed in families with willing foster mothers, but that where special workers are employed these workers should be appointed as foster mothers to particular children instead of as nurses to a large group of children. In this way it is hoped to encourage a sense of personal interest and responsibility to individual children amongst the helpers.

5. Every encouragement should be given to mothers to visit their little children regularly, if possible at least monthly.

In his article, "The Deprived Mother," D. W. Winnicott summarizes as follows:

1. When a mother is suddenly relieved of her children her whole life is thrown out of gear. Time is required for her to reorganize her interests satisfactorily.

2. She is helped by being accurately informed of the extent of the real danger of keeping her children at home.

3. She is also helped by knowing her child is to be well cared for in the billet, especially if she can feel, and can be allowed to feel, that she and the foster mother are cooperating with each other.

4. Strong feelings are liable to be roused when children and parents are separated from each other. Jealousy and suspicion appear, as well as blind overreliance. It is more valuable to study the causes of such feelings than to condemn them.

5. When children return home their mother has to make another difficult adjustment, one which will again require time.

The problems of foster parents are presented in an article on "Foster-Parents," by Ruth Thomas, an educational psychologist. Miss Thomas points out that—

1. The problems of selection of foster homes, of fitting children into suitable homes, of seeing behind the reasons which people adduce for their difficulties, call for the skill of a trained social worker.

2. Information about children and foster parents must be of a more than haphazard kind.

3. Permanent workers are needed to keep in close and constant touch with foster parents.

4. Social workers are needed to set up foster-home registers from which billets for especially difficult children are chosen and for which special allowances are paid.

5. All the problems are not psychological, but involve setting up certain community services to relieve the strain on the foster parents, as communal laundries, communal feeding, mending and sewing clubs, and play centers for children.

In her article on "Visiting," Dr. Sybille L. Yates, a psychiatrist, recommends that—

1. Visits of parents to children at regular monthly intervals are desirable.

2. Those visits should not begin too early, say not for 3 or 4 weeks after the child has been evacuated unless acute distress goes on manifesting itself.

3. Places be provided in the reception area where parents and children can meet outside the billet.

4. Older children but not younger ones should be permitted to go home for holidays while possible.

Other articles that should be mentioned are (1) that by Edna M. Henshaw, "Some Psychological Difficulties of Evacuation" [28], which is a report of a study for the Bradford Education Committee of 85 cases of billeting difficulty made by the Child Guidance Council, and (2) that by Cyril Burt on "The Incidence of Neurotic Symptoms Among Evacuated School Children" [29].

Two studies of groups of evacuated children from the psychological viewpoint have been made and should be referred to here. They are the Liverpool study [30] and the Cambridge study [31].

Liverpool study.

The first study [30] made by the Department of Social Science of the University of Liverpool was undertaken "to discover the 'real facts' about the reaction of the population to the scheme and to apply a reliable test to popular criticisms of it." The study was undertaken in October 1939 in two parts. The first, conducted in a working-class district in Liverpool, was an attempt to look at the evacuation problem from the standpoint of the guest rather than the host; the second consisted of an inquiry in the reception areas to observe and study the difficulties there. The study was based on information obtained in house-to-house interviews by former students in the Department of Social Science, social workers who volunteered to do the work, and other volunteers.

A summary of the first part of the study follows:

It has been found that the main difficulties are:

1. The great difficulty of the mother in adapting herself to the new environment, the host in accepting the intrusion of somebody who has a different standard of living.

2. The fact that the separation of the parents from the children frequently gives rise to a serious emotional problem.

3. The urgent economic problems raised by the necessity of buying more and better clothes for the children, and the cost of fares to visit them, so long as the saving on the cost of their keep does not compensate for the extras they require.

4. Lack of selection in placing the children (e. g., those who are found to be unhealthy or verminous), and in some instances poor organization resulted in the immediate return of mothers from reception areas in which adequate accommodation was not available.

5. The removal of the children from the reception areas by parents without due consideration or consultation.

6. The departure of the mother from the home, leaving behind members of the family who are unused to managing on their own, with resulting difficulty and the possibility of the home being still further broken up. In addition there is the economic difficulty of keeping two homes going.

7. So long as air raids are not serious these problems cannot be entirely solved, and, in particular, the large majority of the mothers cannot be evacuated.

Suggestions for meeting these problems are as follows:

1. Many of the problems could be solved if trained social workers were appointed in each reception area to visit the homes regularly and give informal advice to the hosts on the care of the children and their education and straighten out any difficulties the hosts may have had with the children.

2. Propaganda through the medium of wireless talks, women's pages in the press, and women's papers.

3. It is essential that each reception area should find out beforehand how many mothers and how many children they could take and notify the appropriate authorities so that only evacuees for whom there was a definite place would be sent away. At the same time the evacuation officials should arrange for a medical examination of the evacuees, and those unsuitable for private houses should be sent immediately to camps and hostels.

4. Some regulation should be made whereby parents could not take their children away from their hosts without the consent of the appropriate education authority.

The second part of the Liverpool study covered some of the problems of the hostess and her difficulties, the behavior of the children, problems of enuresis and of verminous children, problems raised by visits from parents, and questions of the adequacy of the billeting allowance. The study also considered two additional questions: "Why the children left," and "Is future evacuation possible?" The conclusions of this part of the study were, in brief, as follows:

1. The evacuation scheme, despite its voluntary basis, has not entirely broken down. The majority of the hosts behaved splendidly and succeeded in making the children entrusted to them happy. A great number of the parents cooperated to the best of their abilities.

2. That the scheme was not a complete success was due to the following facts:

a. Faulty organization in the billeting of dirty, verminous, and enuretic children.

b. The removal of children from their billets by parents on the impulse of the moment.

c. A certain number of hosts were not prepared to make sacrifices by accepting the heavy extra work entailed and by giving up their freedom.

d. Public opinion was influenced against the scheme by those people who did not wish to cooperate, whilst the people who believed that it was workable did not express themselves strongly enough.

e. No central authority was appointed in reception areas to deal with the problems which arose, to give a lead to the parents and hosts who were uncertain in their attitude, and to make active propaganda to influence public opinion in favor of the scheme.

3. As to the apportionment of responsibility for the individual cases of failure, it was found that 60 percent of the parents were to blame

for bringing their children home without justifiable cause, 30 percent of the hosts sent the children away because they did not wish to cooperate, and a mere 10 percent of the children returned because they were naughty or fretting.

4. The evacuation scheme made clear that the general standards of cleanliness and hygiene leave much to be desired, and the appreciation of the value of education is much lower in a certain group of the population than might have been supposed. * * *

5. If the authorities concerned had used the services of tutors qualified in medical psychology, or carried out a short research before the scheme was drawn up, a great many of the mistakes would have been avoided. * * *

6. The investigation has also shown that a great number of our children suffer from enuresis and are treated wrongly. It is therefore high time that research on a large scale should be started to find out its causes and to recommend effective remedies.

The conclusions arrived at as the result of the enquiries outlined in the present report are, in general, reassuring. So far as there have been break-downs in the evacuation scheme the administrative machinery would appear to be at fault, rather than any fundamental weakness in the ties which bind our community together, or absence of public spirit on the part of hosts or parents of evacuated children. It may, in the first place, be assumed that the majority of hosts could be persuaded, if approached in the right way, to take evacuees again without compulsion, provided that they could be assured that certain mistakes in the first evacuation scheme would not be repeated, the most important assurances to this end being that only clean children would be billeted and that parents would not be allowed to take their children home for trivial or unsatisfactory reasons.

From the material gathered it seems clear that many of the difficulties encountered could have been avoided if there had been a central authority in each district ready to offer advice on all difficult problems, particularly psychological problems of behavior as well as the more obvious ones relating to material needs. * * * All through the enquiry the fact emerged again and again that if there had been some properly qualified person in the reception areas armed with authority to advise or to deal with the problems that arose a great number of the difficulties would have been smoothed out and the children allowed to remain in the "safe" areas. It was suggested in the preliminary report that a trained social worker in each area could have performed services of infinite value, and this conviction was greatly strengthened by the findings of the final enquiry.

The difficulties in the reception areas were, in the main, left to be solved by local voluntary committees, assisted in most districts by Women's Voluntary Services. The achievements of the workers associated with these bodies deserve the highest praise; what is remarkable is, not that they achieved little, but that they achieved so much. * * * It is obviously impossible, however, for anyone but a trained and experienced social worker who shares the knowledge and the skill of, say, the hospital almoner or the probation officer, to deal with the acute situation presented by the evacuation of so many of the members of what has been termed, inaccurately but graphically, the "social problem group."

Cambridge survey.

A second study [31] of the success of evacuation was made in December 1939, and though the final report is not out the study may be referred to here. It was an inquiry, conducted in Cambridge by a special committee under the chairmanship of Dr. Susan Isaacs, into the consequences of the evacuation, particularly those affecting the children themselves. The committee wanted to find out how far a satisfactory relationship had been established between evacuated children and their foster parents, and to investigate the causes of such unsatisfactory adaptations as were found. Details of the study cannot be given in this report because of lack of full details. A preliminary report, however, stated:

1. On information obtained from inquiry cards and other sources, the satisfactoriness of the relationship of each child to his foster parent was assessed on a five-point scale. This relationship was found to be, on the whole, satisfactory, but less so for the older children.

2. The age of the foster mother did not seem to affect the satisfactoriness of this adjustment.

3. It seemed not to be adversely affected by frequent visits from the real parent.

4. The presence of the child's own brothers and sisters in the billet was found to be very favorable to a satisfactory adjustment.

5. The presence of other children (Cambridge children or evacuees) was found to be relatively unimportant to the boys, but more favorable to a good adjustment for the girls than was complete isolation from other children.

6. Aggressiveness and delinquency appeared to be the types of behavior trouble most disturbing to this adjustment.

7. Difference of I. Q. appeared to be of no importance in determining the satisfactoriness of adjustment to the conditions of billeting.

In March 1940, in view of the fact that the Government had issued a new evacuation scheme, the Cambridge Research Committee, after considering the data from the Cambridge survey and other evidence, prepared a series of recommendations [32] on evacuation. The main recommendations relate to practices which would affect the success of any future scheme. They are as follows:

1. Members of the same family should be sent to the same district.
2. School units should be maintained as far as is practicable. This provision is particularly desirable in the case of selective central, secondary, and technical schools.
3. Certain facts should be obtained about each child before evacuation, and these should be conveyed to the receiving authority.
4. Parents' visits to children should be encouraged by granting special facilities for travel.
5. In all evacuating areas, centers should be available where parents whose children have been sent away should be able to consult social workers about the welfare of their children and about other family matters connected with evacuation.

6. Two types of helpers should be appointed by and responsible to the evacuating authority.
7. Two types of professional social workers should be appointed by and responsible to the receiving authority.
8. The billeting officer should in every case be an individual who has special knowledge of the needs of children and of local social conditions, and the method of appointment should be regularized to meet this requirement.
9. In reception areas certain additional facts should be obtained about prospective foster homes.
10. In addition to foster homes, there should be provided in each reception area: (a) A temporary hostel; (b) emergency and observation homes; (c) a home or homes for difficult children.
11. Billeting officers should be advised of certain considerations to be borne in mind when placing individual children in foster homes.
12. Receiving authorities should provide a place where parents can meet their evacuated children.
13. Preparation for the recreation of evacuated children should be made by the appropriate organizations before their arrival.
14. Prospective foster parents should be informed of their rights in regard to compensation for dilapidation.

Juvenile Delinquency

Reports [32a] from the Home Office indicate that delinquency, among children particularly, is "on the upgrade." Comparison of figures for indictable offenses in 1939 and 1940 shows that there was a marked increase among children under 14 years of age and a smaller increase among young persons between 14 and 17. Though the total number of cases of delinquency among girls was only a small proportion of the total number among boys, the percentage increase among girls was greater than that among boys. This held true for girls under 14 and for those between the ages of 14 and 17. For young people from 17 to 21 the increase was slight, and for persons over 21 there was a decrease.

It was believed at the Home Office that the increase in delinquency in the large cities was due to a number of factors, and that the closing of schools after the evacuation, combined with the fact that evacuation was not compulsory, accounted for a considerable proportion. The placement of children in families where the habits of living and customs were different from those to which the children were accustomed also was felt to be an element in the increase in minor delinquencies among the evacuated children. Authorities in the Home Office felt that the present rapid development of the youth movement and the organization of youth recreation centers under the Board of Education would do much to help control the increase in delinquency.

The Home Office reported that the approved schools were greatly overcrowded and that plans were then under way to start a dozen new

schools. To establish these new schools a number of large mansions had been taken over in which boys were to be placed in units of 100 to 150, but girls in units of only 30 to 40. One special school for girls has been started, which is in the form of a hostel where the girls live and from which they go out to work in factories or in domestic employment.

Recent newspaper reports [33] from London state that psychologists lay the blame for the crime wave in England on the "war-fostered hankering for adventure" and "the lack of parental control, due to fathers joining the fighting services, mothers working on civil defense or in war factories, and homes being broken up through evacuation or bombing." The press reports also that most of the offenses consist of housebreaking during blackouts or air raids, looting, shopbreaking, thefts from automatic machines, and stealing of bicycles. Industrial centers, particularly those heavily bombed, are reported to be "black spots in juvenile crime." The figures given by the Home Office tend to bear out these press statements, especially with respect to delinquency among children under 14.

With respect to the extent of moral delinquency among girls there seems to be some difference of opinion. From a national leader in the field of girls' club work the report came that the problem among 15-year-old and 16-year-old girls near military camps and establishments was greater than many people were willing to admit and was present all over the country wherever the troops were stationed. Though there is considerable development of welfare work for the women in the women's branches of the military forces (the Women's Auxiliary Air Force, the Women's Royal Naval Service, and the Auxiliary Territorial Service), it is reported that the welfare workers with these groups were not thoroughly experienced in girls' club work and that they were not familiar with what was happening outside the military organization. The need for social and recreational clubs for young girls in the neighborhood of military camps and establishments is said to be known to local constables and probation officers. The need for the extension of the women police into these communities is great.

This latter opinion was also expressed by an experienced woman police officer in London, who reported that there is inadequate provision of women police in many of the cities in the provinces, as well as in London. This policewoman was of the opinion that there is less commercialized vice in England during this war than in the last war. This is particularly due, in her opinion, to the fact that petrol is so limited.

Prostitution is not a crime in England. Only when solicitation is carried to the point of annoyance can the prostitute be arrested. She

cannot be brought in on the ground that she is infected with venereal disease. The opinion was expressed that the problem of social protection of girls should be met by women police working together with other social workers.

It was the opinion of this woman police officer that the problem of protection of young girls near military establishments is now a small-town problem. She felt that the inclusion of women and girls in the military forces (the Women's Auxiliary Air Force, the Women's Royal Naval Service, and the Auxiliary Territorial Service) has had a favorable effect upon the social attitudes of the military organizations. Recreational activities developed for the women have tended to raise the general standard of recreation in the forces for the men, and often recreational activities are developed to reach both the men and the women.

This latter point was confirmed by the Commandant of the Women's Auxiliary Air Force, who indicated that the men and women of the Royal Air Force work together satisfactorily and have many recreational activities in common. There is active competition between them in various games, and the men of the Royal Air Force take pride in the skills and competence of the women in the force. The Commandant stated that there was very little immorality among the women in the Royal Air Force. Delinquent girls or women are not tolerated in the force. It was the opinion of the Commandant that there was relatively little prostitution in the neighborhood of the Royal Air Force establishments where girls were in the forces.

With respect to the shelters, it was reported by the London woman police officer that there was much exaggeration in the reports of moral delinquency among young people seeking refuge in large shelters. This viewpoint was confirmed by other social workers. The need for youth recreation centers and hostels, and clubwork in connection with shelter life was stressed. The woman police officer pointed out that excellent work was being done in clubs for boys and girls, and in evening institutes and classes that are being established in shelters under the auspices of the London Youth Committee. There is still further need, in her opinion, for development of this program, since conditions in a few of the centers are not good. Women police visit the shelters regularly and aid the wardens and marshals in handling some of the problems among the young people.

Youth Recreation Centers

On November 27, 1939, a circular (1486) [34] was issued by the Board of Education describing the appointment of the National Youth Committee to advise the President of the Board of Education and the organization of a special branch of the Board to administer grants to

local authorities for the maintenance and development of youth recreation facilities. The National Youth Committee includes members of local education authorities and voluntary organizations and others competent to speak on behalf of industry, medicine, and physical training. The purpose of the committee, as described in the Board's circular, is to provide central guidance and leadership to the youth movement throughout the country. The committee is advised by the Standing Conference of Juvenile Organisations (representing 13 national organizations).

The program is intended to serve boys and girls between the ages of 14 and 20, especially those who have ceased full-time education. The circular pointed out that considerably less than half of the boys and girls of these ages belonged to any youth organization in England. In some parts of the country, clubs and other facilities for social and physical recreation were almost nonexistent. The war has emphasized this defect in the social services and indicates that the blackout, the strain of war, and the disorganization of family life have created conditions which constitute a serious menace to youth. The development of the work of the National Youth Committee is an effort on the part of the Government to prevent the recurrence during this war of the social problem that arose during the last. The National Youth Committee will have as its counterparts local youth committees representative of both the local education authorities and the voluntary organizations. For administrative purposes the local education authorities communicate directly with the Board of Education, but the National Youth Committee welcomes suggestions from both the local education authorities and voluntary organizations on any matters affecting youth.

The Board of Education makes grants of two sorts:

1. To national and local voluntary organizations. Under the Social and Physical Training Grant Regulations the Board is empowered to make direct grants—

- a.* To national organizations to defray incidental expenses of organization and administration and also towards the training of leaders and instructors of youth work;

- b.* To local voluntary bodies for the provision or maintenance of social and recreative facilities for young people; these grants cover such items as leaders' salaries, rent of premises, and equipment.

2. To local education authorities. Under Section 86 of the Education Act, 1921, as amended by the Physical Training and Recreation Act, 1937, the local education authorities have power themselves to provide and maintain, or by cash grant to aid suitable local voluntary bodies to provide and maintain, social and recreative facilities for youth.

The approved expenditure incurred by local education authorities in these ways is recognized for grant under the Higher Education

Grant Regulations, the Board's share being approximately 50 per cent. The local club or other voluntary organization must report on its activities to the Board of Education, must have a proper treasurer, and must show audited statements.

In its circular (1486) the Board of Education indicated to the local youth committees that it was their duty to formulate plans to meet the needs of youth in their localities, and recommended that the committees consider not only the use of leisure time but various social and economic problems upon which the welfare of youth largely depends. The committees were advised to outline plans for the development of new facilities. The circular points out that it is the task of the local youth committees not to conduct youth activities but to strengthen the hands of local authorities and voluntary organizations. Young people themselves should be encouraged to find through the local youth committees new constructive outlets for their leisure hours and for voluntary national service. Local education authorities may give the use of their school premises free or at reduced charges and they may make special concessions in their evening institutes to local voluntary organizations.

The program developed under the National Youth Committee and the local counterparts represents an association of voluntary effort with that of the public authorities. Under the youth committees the traditions and experience of the voluntary organizations are joined with the prestige and resources of the local education authority. A circular (1516) [35] issued on June 27, 1940, discusses the program of the Board of Education further, outlines the relation between the public authorities and the voluntary organizations, and makes suggestions for different types of organizations under the local youth committees, such as separate clubs or units, youth centers, recreational evening institutes, and emergency clubs. The problem of training of youth is also discussed, and the question of leadership is taken up. The circular was issued to stimulate enthusiasm for leadership and training. Under this program youth centers have been organized all over the country.

In London the program is developed under the Department of Education of the London County Council [36, 37]. Youth recreation centers are being organized in settlements and in many other social centers. Clubs are being organized in connection with the shelters, and great effort is being made to get large numbers of young people throughout the city to join one organization or another. It was reported that more than half of the young people between 14 and 20 years of age do not belong to any youth organization. The youth recreation centers are being developed in an attempt to meet this need.

In the shelters two types of work are being developed. First, a settlement or club seeks funds through the local A. R. P. to have its premises made safe so that they can be used as a shelter day and night. The Minister of Home Security has agreed to permit this to be done with the use of A. R. P. funds. The local community may pay 40 percent of the cost or it may pay nothing. Bunks and bedding are provided if the settlement presents suitable plans for "sleeping the young people." Secondly, attempts are being made to get local authorities to provide special shelters or give over one bay of a shelter, so that clubwork can be conducted for young people in the shelters.

Training for leadership in the youth movement is carried out through the use of grants from the Board of Education. The money may be used for local leadership courses conducted 1 night a week over a period of several weeks or concentrated into 1 week's time. Other types of training are carried on through the National Council of Girls' Clubs and other social-service organizations [38]. Social workers are being trained in schools of social work for group work. Club members are accepted also for training in a 10-week intensive course with residential experience for first-class candidates in settlements. This last type of training is a wartime measure. Volunteers are also being trained by trained workers in girls' clubs. The Board of Education itself is conducting short courses of a fortnight's duration for youth leaders and organizers.

Two organizations to interest boys in civil defense and in training for the air corps have been established, one called the Civil Defense League, for boys 14 to 18 years of age, the other called the Air Training Corps, for boys 16 to 20. In rural areas the organization of Youth Service Squads has been developed for boys 14 to 18 years of age. Each of these organizations has been catching the imagination of boys all over the country.

It is believed that a comparable organization for girls should be developed. A Junior W. V. S. has been proposed, but there has been some opposition to this on the part of persons who do not want young girls to become a part of the "war machine" or, on the other hand, to be "pushed back into knitting and raising babies."

The National Council of Girls' Clubs has put forward a scheme [39] for the consideration of local education authorities, youth committees, and other club leaders which would give an opportunity to young people to render service and learn the discipline of training. This scheme proposes a new organization to be called the "Service Cadets." The proposal, which was presented to the Board of Education in early March 1941, is an attempt to present a balanced leisure-time program of service for girls or boys between the ages of 16 and

20 years. The proposed plan of organization has been drawn up with a view to making the movement a permanent one in British national life. It is recommended, therefore, that every care should be taken to preserve the individual character of the service cadets and to give them as much background and stability as possible while encouraging service which is of a lasting nature. In the proposal, the National Council of Girls' Clubs offered to assist the "Service Cadets" scheme in any way possible. A summer school to train cadets and leader-organizers is proposed, and a series of types of work is outlined.

EVACUATION OF CHILDREN

The great evacuation of children¹ and mothers from the industrial centers of England which took place in September 1939 and continued in waves or trickles during the succeeding months, depending upon the military situation or intensity of bombing, was and still is one of the most remarkable social phenomena of the war. It has undoubtedly been one of the important factors contributing to the maintenance of the high morale among the people. When making its report on evacuation to the Government in July 1938, the Anderson Committee, in discussing the arguments for evacuation stated: "It [evacuation] is a matter on which the whole issue of any future war may well turn."

Though the first mass evacuation resulted in the return within 3 months of approximately half of the children of school age and a very large majority of the mothers to the evacuated areas, there can be no doubt that the development of the plan and the experience gained in this first large effort made possible a still more orderly and continuous evacuation of children at a later date, when invasion seemed imminent and bombing actually started.

Though many parents preferred to keep their children with them until bombing actually started, many others took advantage of the Government's scheme to place children in areas of relative safety. The fact that their children were being cared for satisfactorily away from London has made it possible for many men and women to continue work in the cities without feeling that they themselves should leave in order to take their children to places of safety. It would appear that the general morale among the workers has been favorably influenced by the evacuation scheme.

As has been pointed out in the previous section, not less important in the long run is the fact that hundreds of thousands of children have

¹ For the most comprehensive description of the evacuation scheme up to May 1940, the reader is referred to a volume of reports [40] written by a group of collaborating authors and edited by Richard Padley and Margaret Cole of the Fabian Society. The reports were prepared during the winter and spring of 1939-40 and discuss the history of the evacuation scheme and the problems arising in its train. It was prepared, therefore, during the period when the results of the scheme seemed least satisfactory and before the plans could be tested by evacuation under the tension and pressure resulting from the invasion of the Low Countries and the bombing of London. Many of the reasons for the early difficulties and the return of evacuees to London are discussed at length. Individual sections deal with the administrative scheme, with the effect on local administration and the social services, including public health, school medical services, health visitors, and education, with special problems of the school child, family life, nutrition, higher education, and psychological aspects, and with experience in various districts. The reports give a vivid picture of the whole experiment and are most helpful in understanding the reactions of well-informed persons toward the scheme. The volume should be read by any student of the subject of evacuation.

been saved from what must be regarded as the seriously disturbing effects of continued bombing and exposure to the devastating experiences of losing their homes and of living in shelters. The effect of evacuation on the physical condition of children is, in general, reported to be good. Emotional disturbances, usually of a minor type, have been fairly numerous among evacuated children, occurring, in some communities where observations have been possible, in as many as 10 per cent. When weighed against the unknown long-time effects of life in cities under bombardment, to say nothing of the actual physical danger, the emotional effects on children of being removed from home and taken to live in a household or residential nursery in the country would appear to be relatively far less important. Today, after 18 months of experience with evacuation, 6 months of which have been under bombing, London authorities are convinced that continuation of the plan is desirable for thinning the population in the congested areas of industrial centers.

The period of planning for evacuation extended from May 1938 to September 1939, when the first major evacuation took place. During this time the Home Office, the Ministry of Health, the Board of Education, the Ministry of Transport, and the local authorities undertook the detailed preparation of plans both for the removal of children from London and other industrial areas of potential danger and for the transportation of children and their reception in areas of relative safety at not too great distances from their homes.

Period of Initial Planning, May–September 1938

The Anderson report.

The Home Secretary on May 24, 1938, appointed a committee under the chairmanship of Sir John Anderson to review fully the various aspects of the problem of transferring persons from areas which were likely to be exposed to continuous air attack. The committee studied the question at length and heard testimony from official and voluntary agencies and members of the public.

In its report [40a] issued July 26, 1938, the committee recommended that plans should be prepared for the evacuation of certain classes of the population of the largest and most densely congested industrial areas and outlined general principles on which the detailed plans for evacuation should be based. The report formed the foundation on which the evacuation arrangements subsequently adopted were based. It formulated the general evacuation policy and recommended the broad lines on which it might most usefully proceed.

It should be pointed out that the recommendations of the Anderson report were based on the belief that mass air raids on military targets and industrial areas in London would probably take place at once fol-

lowing a declaration of war and that evacuation itself would have to take place in all probability after hostile air attack had begun and therefore under conditions of disorganization. It was recommended that evacuation of school children should be carried out before actual declaration of war or bombardment if this was found to be possible. This principle was incorporated in the first comprehensive plan.

In approving the committee's report the Government expressed its concurrence in certain principles which may be summarized as follows:

1. Evacuation should not be compulsory except when necessary for military or other special reasons.

2. Evacuation of substantial numbers of people from certain industrial areas is desirable.

3. Reception of persons should be mainly on the basis of accommodation in private houses under the powers of compulsory billeting.

4. The initial cost of evacuation should be borne by the Government, but refugees should be expected to contribute to the cost of maintenance when possible.

5. Special arrangements should be made by the Government to send school children out from their schools in groups in charge of teachers when parents cannot make their own arrangements.

The report emphasized that it was not practical to attempt to stop large-scale voluntary evacuations should such arise, or to compel persons to leave a vulnerable area unless evacuation was necessary for military reasons. The committee felt that the Government, without attempting to apply regimentation, could influence orderly movement and allay panic (1) by giving advice in clear and precise terms, (2) by using the existing organized facilities to the greatest extent possible, and (3) by arranging transportation. The report pointed out that the evacuation of an entire population was not practicable nor desirable, and that plans for evacuation were no substitute for measures of active and passive defense which would permit continued protection in the large industrial towns. The committee estimated, however, that on the basis of figures submitted by the Ministry of Labour, a figure of one-third of the population of industrial centers might be used as a rough working hypothesis for the ultimate number that might be evacuated. The report pointed out that any plan for evacuation should take into consideration:

1. The desirability of a widespread registration scheme.

2. The voluntary character of the scheme and the obvious inaccuracy of estimates of numbers of persons who would desire to be evacuated.

3. The necessity for flexibility of plans, in order that they might be capable of execution under conditions of air attack.

4. The limitation of the scale of evacuation by the extent of accommodations available.

5. The desirability of classifying areas within a vulnerable zone in order to establish priority of certain areas in the organized plan for

evacuation. The report suggested a plan for thinning out some of the most vulnerable areas as the first step in evacuation while awaiting evidence of the nature and extent of attack in evacuating less vulnerable areas.

The necessity for the development of detailed plans for transportation, accommodation in reception areas, and adequate attention to the welfare of the children was emphasized in the report. Consideration was given to the establishment of priority groups and the desirability of evacuating school children as a special group under the supervision of teachers. The report took for granted the existence under the various local authorities of child-welfare and school medical services, but recognized the need for strengthening health services in the reception areas in order to serve the augmented population. The report did not propose the augmentation of other official services such as those in the field of welfare, though it did commend the use of volunteers in the welfare program.

The crisis of September 1938.

During the last days of September 1938, at the time of the Munich crisis, an emergency scheme for immediate application of the recommendations in the Anderson report was organized under the direction of the Home Office. What might be described as a test evacuation of school children and children under 5 years of age was carried out on a small scale. Though not well organized and though in many respects far from successful, the experience of September 1938 stimulated interest in the organization of a comprehensive plan of evacuation of children and in the preparation of a plan for a more effective maternity and child-welfare program under war conditions. Citizens became conscious of the importance of conserving the child population, thinking largely in terms of protecting children from air raids and the dangers of war. Voluntary organizations, such as the National Society of Day Nurseries, the Nursery School Association of Great Britain, and the Invalid Children's Aid Association, laid plans for more effective placement of young children should a further evacuation be necessary and submitted to the Ministry of Health recommendations on maternity care and the care of young children. The experience of various child-placing agencies proved to be useful in planning later evacuation for crippled children and other specially handicapped children. The previous experience of many nursery schools with summer holidays also proved to be useful. The conclusion was reached that day nurseries, residential homes for young children, and nursery schools should be evacuated as units, retaining their own staffs, and housed in suitable quarters such as large country houses.

The inadvisability of permitting staffs of day nurseries and nurseries and nursery schools to volunteer their services for A. R. P. work or first aid was made clear. It was recommended that these staffs should be scheduled as workers necessary for the care of young children and therefore exempt from any other form of national service and that matrons who were hospital-trained nurses should not be listed on the register of nurses on reserve for other work.

A course of training for voluntary child-care workers was believed to be urgently needed, and it was recommended that in such a course the experience of day nurseries and nursery schools should be made use of.

First Long-Term Plan—September 1938–September 1939

The Anderson report had recommended that the responsibility for the organization of the evacuation scheme should be placed in the Home Office because of the responsibility of that Office for other aspects of civil defense such as the A. R. P. schemes. This was done, and the first emergency scheme was organized under its direction. In the light of the experience during the emergency in September 1938, the Government decided that a long-term plan should be made. It was evident that a large administrative machine would be necessary, adequate (1) to carry out the preparation which must be made in peacetime, and (2) to expand suddenly in time of war. The Government realized that the resources of the Ministry of Health were far greater and more readily adapted to the needs of the rapid development of a comprehensive evacuation scheme than those of the Home Office. The Ministry of Health was the central authority responsible for relations with local governments, including local child-welfare authorities (county boroughs, municipal boroughs, and urban and rural districts), as well as local housing and public assistance. It had in peacetime a large number of inspectors under the insurance schemes, great resources in clerks and administrative personnel, and a technical staff of health and medical and allied types of consultants. It seemed logical, therefore, that the responsibility for the development of the evacuation scheme in peacetime and the plan for its expansion in case of war should be transferred to the Ministry of Health. This was done in November 1938. Obviously it was necessary for the Ministry of Health to work closely with the Board of Education, the Ministry of Transport, the Ministry of Home Security, and the local authorities.

Central responsibility.

In the Ministry of Health an Evacuation Division was set up under the administrative authority of the Permanent Secretary. The basic

planning for the whole scheme was therefore the responsibility of the Civil Service. The Evacuation Division, however, had available the advice of the Chief Medical Officer of Health and his technical staff, including physicians and women inspectors who were specialists on maternity and child welfare. Since under the proposed scheme school children were to be evacuated in school parties under their teachers, the Evacuation Division associated itself closely with the Board of Education and with the Education Officer's Department of the London County Council. The Ministry of Health also appointed an advisory committee composed of members of the Association of Local Health Authorities and Local Education Authorities.

The authority and instructions of the Ministry of Health and the Board of Education with respect to the Government evacuation scheme have been expressed, as is customary, through a series of circulars and memoranda issued by the administrative authorities to the county councils and local authorities. Study of the circulars and other documents issued by the Ministry of Health and the Board of Education gives a picture of the series of plans and procedures that were developed to put the evacuation scheme into operation and to change and improve it as the situation demanded.

Local responsibility.

The Ministry of Health recognized the necessity of giving to the local authorities the responsibility for detailed administration of the plan. This was true both of the responsibility for evacuation and of the responsibility for reception and care. This meant that county boroughs, municipal boroughs, and district councils (urban and rural) all had certain major responsibilities in the scheme. County councils, because of their primary responsibility for certain aspects of public health, education, and social welfare, were necessarily drawn into the picture. In reception areas county councils were asked to coordinate plans and activities undertaken by local authorities and to arrange for conferences between local receiving authorities within the county, the evacuation authorities, and the transportation authorities. In London the county council was given responsibility for organizing and carrying out the evacuation of mothers and children from London.

In many respects the selection of the local authority as the agency to be responsible to the Ministry of Health for the evacuation scheme was satisfactory, but in the light of experience it has appeared that certain phases of the work would have been more effective had responsibility been given to the county councils. County-wide provision might well have been made for certain types of service which could be shared by all the local authorities within the county, such as specialized types of hostels for children or maternity homes.

The clerk of the local authority was as a rule given the responsibility for carrying out the local plan. The clerk is a full-time permanent official responsible to the local council. To the local clerk have been delegated certain types of responsibility, such as that of billeting officer. Billeting officers are appointed by the mayor or the chairman of the local authority. Full-time clerical assistance and, in some cases, assistance of professional workers, such as welfare officers and women inspectors, have been made available by county councils or by other local authorities. In addition, the local authorities have sought the aid of local voluntary groups to undertake major welfare projects under the scheme.

Regional organization.—In order to deal more effectively with the very numerous local authorities, the Ministry of Health established 12 regions coincident with the jurisdictions of the 12 regional commissioners. Each regional office of the Ministry of Health had a representative of the administrative staff responsible for the administration of the evacuation scheme and 12 regional senior medical officers responsible for all health and medical services. To each regional senior medical officer there was assigned (among other staff) a physician specializing in maternity and child welfare and a health visitor whose responsibility it was to establish standards of maternity care and care of children in the reception areas. Each regional staff was made responsible for the organization of the evacuation scheme within its region. The headquarters of the regional staff of the Ministry of Health were in the same locality as the headquarters of the regional commissioner, the plan being that in case of great emergency the regional medical officer should have full authority to represent the Chief Medical Officer of the Ministry of Health.

The general plan.

During the autumn and early winter of 1938 the Ministry of Health undertook to formulate the first long-term plan, basing it upon the Anderson report and on the experience of September 1938.

The policy for evacuation recommended in this report and adopted by the Government was one of dispersal, with the purpose of thinning out the population from the large congested areas and distributing it more evenly over the rest of the country. The problems which the Ministry faced were:

1. What areas should be evacuated?
2. What groups of persons should be evacuated?
3. Over what areas should they be distributed?
4. How should they be accommodated?
5. What transport facilities should be used?

The Ministry sought to solve these problems by establishing:

1. Certain priority areas for evacuation, areas for reception, and neutral areas which were neither evacuation nor reception.

2. Certain priority classes to be evacuated, namely—

- a.* School children, to be removed as school units under charge of their teachers.
- b.* Children under school age accompanied by their mothers or other responsible persons.
- c.* Expectant mothers.
- d.* Adult blind persons and cripples.

To each evacuation area there was assigned a reception area. For instance, the County of London and 11 neighboring boroughs were declared to be an evacuation area. The reception area allotted to the metropolis was a strip of country from Land's End to The Wash, in which there were 101 boroughs, 9 county boroughs, 159 urban districts, 201 rural districts. The councils for these 470 areas were known as "receiving authorities," just as the London County Council was known as an "evacuating authority."

The development of the plan went forward during the winter of 1938-39. In January 1939 the Ministry of Health announced that measures of orderly evacuation from large towns must be planned and issued a circular (1759) [41] to all local authorities on the Government evacuation scheme. The circular pointed out: "The objective must be to secure, by a policy of evacuation carefully planned in advance, the removal from the more dangerous to the less dangerous areas of those whose transfer is most desirable in the national interest and on humanitarian grounds." The circular stated further that a survey of accommodation was a necessary step and must cover all accommodations that could be used for the purpose. An essential part of the plan was that advance arrangements should be made not only for the dispersal of children from the centers of population but also for the reception and care of children in the districts to which they should be transferred. The plan was based upon the evacuation of the priority classes—school children, mothers with children under 5 years of age, pregnant women, and adult blind and crippled. The Government recognized that the scale on which provision would be required for children alone was very considerable, estimating approximately 1 million children from London alone and a total of 3 million persons from all areas.

After the issuance of the circular of January 1939 the Ministry of Health proceeded in its planning along two lines. First, in attempting to draw up a plan of detailed procedures necessary for the evacuation of children from crowded industrial centers of potential danger the Ministry worked primarily with the authorities under the London County Council, which was asked to prepare a plan of evacuation and to coordinate plans for the whole metropolitan area. Secondly, the Ministry proceeded in January and February 1939 to carry through the evacuation survey in the reception areas. Not until these two specific

parts of the plan were accomplished did the Ministry issue any general instructions to local authorities.

In May 1939, after the completion of the London plan for evacuation and the evacuation survey (see pp. 53 and 58), the Ministry of Health issued its first general circular (1800) [42] of information and instruction to local authorities and an accompanying memorandum (Memo. Ev. 4) [43], which together outlined the Government's position on the general scope and objectives of the evacuation scheme, specified the classes of persons to be given priority, described the allocation of districts, and reiterated that evacuation was voluntary and that it would not follow that all who were given the opportunity of evacuation would desire to avail themselves of it.

In the circular (1800) the Ministry reviewed the situation with regard to the evacuation survey and pointed out that the time had come for the receiving and evacuating authorities, together with the education and transport authorities, to work out plans in greater detail in the light of the numbers of persons to be evacuated and the amount of accommodation available in the receiving areas. The Ministry recognized the difficulties of planning in advance of an emergency but stressed the importance of the preliminary work to be done by local authorities. The need for clear allocation of responsibility among local authorities and for joint action when a geographic area to be evacuated covered more than a single local-government area was pointed out. The responsibility of the county councils was stated as that for education, public health (including maternity and child welfare except in London, where it is the responsibility of the boroughs and not of the London County Council), and hospitals, and for coordinating arrangements in relation to evacuation and transport authorities; the responsibilities of town (borough) councils and district councils were for the survey of housing accommodations and for all arrangements for reception in the individual districts.

The circular also made it clear to local authorities, both evacuating and receiving, that it was the intention of the Government that the operation of a plan of evacuation should not result in any additional burden on the local rates and that provision was included in the Civil Defence Bill, then pending, for repayment by the Exchequer of the approved additional expenditure by local authorities on this work. It was pointed out that rates of payment to householders who undertook care of evacuated persons were fixed by the Government, and that some contribution towards the cost of allowances in respect of children and others evacuated under the scheme would be called for where the family circumstances justified such a course. (See p. 64 for the Government Recovery Scheme.)

The memorandum (Memo. Ev. 4) contained special sections on the preparatory work to be done by an evacuating authority and on transport. Transportation arrangements were given over to the Ministry of Transport. No advice was given with respect to medical examination of the children before evacuation or to treatment of infectious conditions. A short paragraph suggests that evacuating authorities should consider what they could do to provide any medical, nursing, or first-aid staff which might be necessary on the journey. County councils were advised of their responsibility in connection with the holding of joint conferences of evacuating authorities, receiving authorities, and representatives of the rail and road transport for the purpose of acquainting receiving authorities with the plans for transport.

This memorandum also gave general advice to receiving authorities on arrangements at detraining stations, including reception personnel, sanitary and first-aid provisions, overnight accommodations when necessary, and meals, and on preparations for the billeting, reception, and care of each class of evacuated persons. It contained a section on medical and nursing care, covering hospital facilities, nursing services, nursing-auxiliary service, and medical service at the detraining station. It took up the matter of continuation of school medical service and medical care of sick children but gave no details.

In July 1939 a second circular (1841) [44] of information and instruction and accompanying memorandum (Memo. Ev. 5) [45] were issued supplementing the instructions issued in May and dealing primarily with registration of children in evacuating areas and with many details of billeting and accommodation in receiving areas. Additional supplementary information was given to the local authorities through special circulars, especially Circulars 1857 [46] and 1857A [47] which related to billeting regulations [48] under the Emergency Powers (Defence) Act of August 24, 1939. Further reference will be made to the content of these circulars and memoranda later.

In describing more in detail the plans for evacuation and reception of the children, it is desirable for the sake of clarity to deal with each separately, but it is of course impossible not to overlap to some extent because of the inevitable relationship of one to the other and because most documents of information or instruction involve both parts of the program. Since the largest evacuation of children under the first plan took place from London, the description of the planning process given here will be limited to that in the metropolitan district. The description of the procedures in the reception areas applies largely also to the areas assigned to London.

Planning for evacuation from the London area.

The Ministry of Health, in developing its plan for evacuating large industrial cities, undertook first to work with the London authorities to devise procedures which, if practical for that city, would with some modification be applicable in general to other industrial centers.

An evacuation committee was appointed by the London County Council and an evacuation division was set up in the Education Officer's Department in London to be responsible for plans for evacuation of the priority classes. At the request of the Ministry of Health, the Council undertook to coordinate the arrangements for the evacuation of all children from the total metropolitan area, which includes the County of London and 11 neighboring boroughs. The Council took no responsibility for arrangements in the reception area except, as will be pointed out later, for the placement of certain parties of handicapped children and nursery-school parties.

On March 30, 1939, a printed letter [49] was addressed to the heads of all schools in the London area and to various divisional offices, informing them of the details of the proposed scheme. This communication made it clear that evacuation was not compulsory, that children of a single family might be sent out in one school party, that mothers of children under 5 who decided to leave London with these children might elect to withdraw older children from school parties so that all children of one family might travel together. Detailed instructions were given with respect to notification of evacuation, the composition of school parties, the number of children in each party, and the number of teachers and helpers necessary. No instructions were included with respect to medical examination or treatment of children in preparation for evacuation.

At this time a scheme of divisional organization of the whole metropolitan area was set up providing for divisional dispersals officers, each of whom had control of all operations in his area and was responsible for the organization of the evacuation of nonschool parties—i. e., mothers and children under 5, and so forth—as well as school parties. All contacts with local police and railway officials were made by the divisional dispersals officers at the time of evacuation. Members of the council staff were appointed to act as station marshals at all entraining stations and at the stations where parties would have to change trains. Station marshals were made responsible for cooperation with railway stationmasters and for giving assistance to parties entraining. These initial instructions also covered such matters as enrollment of staff, helpers, and children, labeling of children, and badges, armlets, clothing, food, luggage, first-aid outfits, and gas masks, and in addition, gave advice to leaders of school parties with regard to procedure in the reception area. Head teachers were instructed to

report to local directors of education in reception areas and to take from them directions as to times and places for school work. These local directors of education were designated to act as the London County Council's agencies. Teachers evacuated from London were not to be required to supervise children in billets.

Three months later, on June 30, 1939, another communication [50] was addressed to heads of all schools in London and to various other interested authorities, such as the London Passenger Transport Board, district organizers of children's care work, directors of education, and divisional dispersals officers in the metropolitan district, an evacuation area. This communication supplemented the earlier information, especially from the point of view of action that might need to be taken during the coming vacation period.

a. The priority classes.

Plans for the evacuation of the different priority classes in the London area were in general as follows:

Unaccompanied school children.—Since the administrative planning for the evacuation of school children was relatively simple, initial emphasis was placed on the organization of parties of unaccompanied school children. As will be pointed out, these children were to be billeted in private households, and plans were made so that they might continue their education while in the country. The plans called for transportation of these school parties by train under the supervision of teachers and volunteer helpers. The use of school doctors or nurses as escorts for the children was not included in the plan. The children's care organizers (social workers employed by the Education Department) were assigned to assist the divisional dispersals officers in any way that seemed useful, including assistance in the transportation process. It was not until after the evacuation in September 1939 that the value of sending these social workers to the reception areas was recognized.

Registration of unaccompanied school children to be evacuated was to be carried out at the school that the child attended, but acceptance of a child for evacuation did not depend upon prior registration. It seemed essential that the Government scheme should be sufficiently flexible to include any child whose parents wished him to go even if the decision were made at the last minute. Parents were instructed that children to be evacuated with school parties were to attend the school on the day of evacuation but that all children who were not to be evacuated must stay at home on that day.

No special plans were made for the medical examination of school children prior to this first evacuation. It was believed that the routine medical supervision in the school would be sufficient, but, as it turned out later, this was an unfortunate decision, since plans for the

vacation period did not include continued medical and health supervision.

Mothers with children under 5.—With regard to plans for evacuation of mothers of children under 5 years of age and of pregnant women, the Ministry of Health sought the advice of the National Council for Maternity and Child Welfare. A detailed memorandum submitted to the Ministry formed the basis of its plan for these priority groups. By arrangement with the public-health authorities in London and contiguous boroughs, parties of mothers with children under 5 and parties of expectant mothers were included in the plan for evacuation. Registration of these groups was arranged through the maternity and child-welfare centers. It was planned that parties of mothers and children under 5 should be sent off in general on the last 2 days of the evacuation period with parties of school children to be placed in billets in the reception areas.

Plans [51] were developed also by the Education Officer's Department of the London County Council for the transfer of parties of nursery-school children, children in day nurseries, and young children in institutions under the public-assistance authorities, to large country houses or other suitable premises in reception areas. Each of these parties of young children unaccompanied by their mothers was to remain the responsibility of the organization originally in charge of the institution. In some cases, for instance, nursery schools were under voluntary control, in others under the London County Council Department of Education. Later, as will be pointed out, it became necessary for the Ministry of Health to assume more responsibility for standards and supervision.

Pregnant women.—Arrangements were made for parties of pregnant women to be sent to areas where special arrangements for their care had been made. In the original plan, because of the limitation of road transportation, it was possible to arrange for travel by motor coach only for those women whose confinements were expected within 4 weeks, the so-called "imminent" class. For other pregnant women, the "early" class, arrangements were made for travel by train with parties of mothers and young children. Plans were made for a trained midwife to accompany each coachload of women in the "imminent" class, and for at least one midwife for each three cars of a train in which pregnant women were being transported.

The plan, as will be pointed out later in more detail, also included the establishment of maternity homes in large country houses or other suitable premises. The responsibility for the selection of these houses and for the standards of care to be rendered in the maternity homes was placed directly upon the Maternity and Child Welfare Division of the Ministry of Health. Since no funds were made available with

which such premises could be acquired and equipped in advance, planning was greatly handicapped, and, as will be pointed out later, was incomplete when evacuation actually took place.

Blind persons.—Registration of the blind was carried out by the home visitors of the blind attached to voluntary agencies, who called on all the known blind persons on their lists and recorded whether they desired evacuation or not. It was planned that parties of blind persons should be taken by coach to places in the country where their arrival had been planned for.

Handicapped children.—Plans [51] were made for the transfer of parties of handicapped children who were attending special residential or day schools in London. These included children who were retarded mentally as well as children in schools for the physically handicapped. Plans were made for the use of holiday camps, large country houses, and other suitable premises. Crippled children needing hospital care were to go to a large hospital and convalescent home run by the London County Council outside the metropolitan area. The plan was that children should be taken by road accompanied by their teachers and domestic staff and attendants recruited from residential schools and other sources. This plan meant the change of a large number of day schools into boarding schools. Though the responsibility for these schools was originally given to local authorities it was soon transferred from the local billeting authorities to the London County Council in cooperation with the Ministry of Health.

b. Identification of children.

The original plan [49] called for certain procedures to assure identification of the children and knowledge of their whereabouts. Each school-party leader on the day of evacuation was directed to prepare and carry a roll of all staff, helpers, and children in the party. These rolls were to contain home addresses as well as names, so that the leaders could report any accident or serious illness to the parents of children or to the relatives of adults, and to the divisional dispersals officers. It was planned that these rolls should be prepared beforehand in duplicate and last-minute adjustments made on both copies before the party left the school. One copy of the roll was to be given to the council's station marshal at the entraining station; the other copy was to be carried by the leader of the party to the reception area.

Two linen labels supplied with string were to be provided for each child, one to be worn around the neck, the other attached to luggage. On one side of each label were to be written the name of the child and the school address (i. e., the school party); on the other side, the number of the London County Council school. The plan also permitted the use of colored badges to identify children in specified school parties. The plan required that all adults should wear armlets made of white material bearing, in bold red letters, "L. C. C." and, in black,

the school number. The leaders were expected to take school whistles.

National registration.—The Anderson report recognized that a national registration of all citizens would be a great aid in identifying and keeping track of children and others to be evacuated from large cities. By June 1939 plans for such a national registration were under way. It was contemplated that this registration would provide for tracing any person who had left the household in which he was dwelling at the time of enumeration. When it was realized in the summer of 1939 that the evacuation of school children might take place before the National Registration Scheme was put into operation, it was apparent that parents and their evacuated school children would be enumerated separately and that the identification numbers of the parents and of the children in the reception area would bear no relation to each other. Obviously, one of the objectives of the registration scheme would not be accomplished.

The Registrar General, therefore, proposed [51a] that local education authorities in evacuation areas should adopt a supplementary scheme. The scheme was that the parent of each child to be evacuated with a school party should be given a prepaid postcard upon which he was to enter the name of the child and the names and addresses of the parent or guardian and of a near relative or friend. The parent was to retain the card and give it to the enumerator when he called at the parent's house when the national registration took place. The enumerator would then enter on the card the same identification number as that assigned to the family. The plan was that the parent should post the card to the school normally attended by the child for forwarding to the head teacher of that school in the reception area. The head teacher would then be in possession of two identification numbers for each child—that allotted to the child himself and that allotted to the household in London—thus making it possible for the child to trace his parent and the parent to trace the child, even if both had removed after the national registration had taken place.

This scheme of supplementary registration was to be applied also to children evacuated in special parties.

Detailed instructions for handling this problem of identification under the National Registration Scheme were given to local authorities by the Ministry of Health in its memorandum (Memo. Ev. 5) [45] of July 1939.

It may be mentioned here that in general this plan for supplementary registration was successfully carried out.

c. Some comments on plans for evacuation.

By common agreement the plan for the actual evacuation of children from London was on the whole good, since, as will be shown, it was effective in accomplishing the main objective, to remove nearly

three-fourths of a million children from an area of danger in a short time.

The defects of the plan, of course, stood out sharply when it was put into effect. The most obvious were, first, the absence of the medical examination of all children to be evacuated and of the treatment of those requiring it because of infectious conditions; second, perhaps the greatest mistake of all, the closing of the London schools when evacuation took place; and, third, the apparently insuperable difficulty of assigning a certain school to a certain reception area ahead of time. All three of these difficulties were corrected in due course, but each had its untoward results before the adjustments could be made. The difficulty over the dirty and infected children could have been avoided if the school treatment centers and medical services had been kept open during vacation. Had the authorities realized that only slightly more than half of the school children would seek evacuation and that many who did go would return almost at once, the schools in London would certainly not have been closed. To find a way out of the third difficulty, the entrainment of whole classes or schools of children for a previously undesignated area, is more difficult when a really large number of children are to be moved all at once. The "trickle" evacuation (to be described) served to solve the problem eventually, but if a large number had to go again at very short notice, it seems likely that a fair proportion would have to be sent to areas to which they had not previously been individually assigned. The present moderately large-scale evacuations from cities other than London are meeting this problem more satisfactorily.

Planning in the reception areas.

The plan for the reception of children prepared by the Evacuation Division of the Ministry of Health included a detailed survey commonly called the "billeting survey," general proposals for the organization of billeting, the establishment of reception rest centers and arrangements for the initial meal on arrival at the detraining station, arrangements for distribution of children to billets, the organization of special hostels and other special accommodations for children, the organization of school facilities, the establishment of maternity homes and residential nurseries, and the organization of community services such as communal feeding, nursery centers, and community recreational activities.

a. The evacuation survey.

On January 5, 1939, the Ministry of Health addressed a circular [41] to the local authorities of England and Wales on the subject of the evacuation survey. The circular pointed out that the survey would include the listing of all suitable occupied houses and also empty houses, other buildings, and camps.

The first essential measure was the compilation of an accurate record of all available housing accommodations, which would take account of their suitability and the circumstances of individual householders. The original plan concentrated on finding accommodation in suitable homes for children, whether billeted in school units or accompanying their mothers.

The survey was undertaken with a view to ascertaining—

- a.* The amount of surplus accommodation, on the standard of one person per habitable room.
- b.* The amount of this surplus to be found in houses that are suitable for reception.
- c.* The amount to be found in houses where the householder is willing to receive unaccompanied children or teachers.

The responsibility for the survey was placed upon local governments by the Ministry of Health. It was indicated to the local authority that it should appoint a number of visitors to act under the direction of a chief officer to conduct the survey, and the Ministry suggested that in the selection of these visitors there should be a “judicious combination of skilled official personnel and of voluntary effort.” It was stated that expenditure properly incurred in carrying out the survey would not be a charge on the local rates. It was pointed out that local education authorities, teachers’ organizations, the Women’s Voluntary Services, and other voluntary organizations had already indicated willingness to assist. The Government reserved final decision upon the extent to which individual areas should be used as reception areas until the full returns were in. The Government issued to the local authorities a number of documents to aid them in the survey:

1. Memorandum for the guidance of local authorities in the conduct of the survey of housing accommodations [52].
2. Suggestions for authorized visitors [53].
3. Suggestions for a letter to householders [54].
4. A pamphlet for the information of the householders [55].
5. Four forms upon which the information would be recorded—a Visitor’s Record Form [56], a form for Local Authorities’ Register of Accommodation [57], a form for Summary of Accommodation, for the Ministry of Health [58], and a Visitor’s Authorisation Card [59].

The memorandum made suggestions for the guidance of local authorities in the selection of officers and visitors, the instruction of visitors in the conduct of their duties, the provision and use of the visitor’s authorization card and record form, and gave to the visitors detailed instructions on the collection of information and the compilation of the data. Special mention was made of the collection of information concerning empty houses, particularly large empty houses which would provide accommodations for substantial numbers. Local authorities were instructed that they should inform the Ministry of Health of any plans or suggestions they might have for making use of large empty houses.

Such accommodations as hotels, boarding houses, camps, hostels, and the like, as well as large houses, were to be listed on the summary of accommodation.

The survey was completed in March 1939, and the summary of information was transmitted to the Ministry of Health. The responsibility for the survey in most cases was carried by the council clerks, who obtained assistance from the staff of the local council and also in large part from volunteers. Only to a small extent did district nurses, health visitors, or social workers take part in the survey. The result was that the information obtained as to whether or not there were suitable accommodations in private households and information regarding the attitude of householders toward the reception of children were based largely on the statements of the householders themselves and on the opinion of untrained workers.

It was apparent from the comments of certain officials that many of the "misfits" in placing children in certain households could have been avoided if better information had been obtained, such as might have been obtained had trained social workers or health visitors made the survey. Obviously it was not possible, however, for the survey to be made by social workers and health visitors within the time limits specified because of the almost complete lack of social workers in the provinces and the relatively small number of health visitors.

The results of the survey show that, on the standard of 1 person per habitable room, sufficient accommodation was available in the designated reception areas for over 6 million persons. Voluntary offers were received from householders for the accommodation of 2 million unaccompanied school children. The survey of large empty houses, boarding houses, hotels, camps, and so forth, gave information which was to be useful in establishing all sorts of accommodations for congregate care. It should be pointed out here, however, that many of these large empty houses and other premises of the sort were requisitioned by the military authorities for billeting soldiers. Likewise the military authorities required many individual householders in the reception areas to billet soldiers. Considerable conflict in arrangements arose later because of this dual need for billeting.

Following the receipt of information from the survey, the Ministry of Health informed each receiving authority of the number of persons that might have to be received into its district. This allotment was made after deductions for private evacuation and military billeting. At the same time there was assigned to each evacuation area a region for reception of its children, and the railway companies were asked to prepare detailed timetables to enable evacuation to be completed in 4 days. The total number of persons for whom plans for evacuation were prepared was about 3 million. Of

these it was expected that about half would be evacuated from London. Actually, in the first evacuation approximately 1,200,000 adults and children were removed from their homes and sent to other parts of the country, and half of these were from the metropolitan district of London.

Receiving authorities were instructed to retain in a safe place all records of the evacuation survey for individual households, so that they would be available at short notice should an evacuation become necessary.

b. General plan for reception of children and pregnant women.

The basic scheme for the reception of children was outlined by the Ministry of Health in Circular 1800 [42] in May 1939, and in an accompanying memorandum (Memo. Ev. 4) [43] on the Government evacuation scheme. In the memorandum, advice was given to receiving authorities on such matters as billeting, care of handicapped and nursery children, bedding and blankets, medical and nursing provisions, hospital facilities, maternity arrangements, communal meals, recreation, treatment of dirty or verminous conditions, provision of clothing and shoes, settlement of disputes between billeted women and householders, and the general welfare of evacuated persons. Much useful advice to billeting officers and householders was included in the appendixes:

Appendix A covers information for householders with respect to billeting payments for unaccompanied children and for mothers and young children, what to do with the school children, communal meals, clothes, and care in case of illness.

Appendix B covers instructions to billeting officers with respect to records, the issuance of tickets to householders for the collection of allowances from the Post Office, and so forth.

Appendix C deals with preparation of camps or large houses for the reception of parties of handicapped children.

Appendix D deals with children under school age, including nursery parties, and gives specific instructions for handling residential groups and children under 5 years of age accompanied by their mothers. Problems of registration of these young children at maternity and child-welfare centers, notification and assembly for evacuation reception, the use of helpers and volunteers, and the training of helpers and volunteers are discussed in some detail.

Appendix E gives advice on planning for care of expectant mothers, their registration, assembly, transport, and accommodations, and arrangements for care in hospitals or maternity homes at time of delivery.

Appendix F deals with the care of the blind and crippled adults.

Two months later, in July 1939, a second circular (1841) [44] and memorandum (Memo. Ev. 5) [45], supplementary to those issued in May, reviewed in considerable detail the Ministry's recommendations

to evacuating and receiving authorities with respect to the procedures for registration, particularly of mothers and children under 5.

The circular (1841) gave to the county councils and local receiving authorities full instructions on the following:

1. Compulsory billeting under the provisions of the Civil Defence Act [60, 61].
2. Appointment of billeting officers.
3. The question of "private arrangements" made by householders for friends or others.
4. Tribunals of appeal to which householders might come with the request to be relieved of their billetees.
5. The standard of billeting, i. e., one person per habitable room.
6. Billeting outside the Government scheme.
7. Accommodation of special groups, such as handicapped children, young children in organized groups, and expectant mothers.
8. The prior expenditure of money to secure and equip buildings for the accommodation of special groups and the application to the Ministry for such money.
9. The necessity for sending an adequate number of midwives from evacuation areas with parties of expectant mothers.
10. The appointment of consulting obstetricians for each region.

Appendix 2 of this circular gave a draft of a letter to householders, stating the number of individuals to be billeted in their premises and giving an opportunity for the householder to give reasons why the billeting was not possible.

The memorandum (Memo. Ev. 5) described and discussed in some detail various types of accommodation that the local authority would need to provide, strengthening very materially the advice given in Memo. Ev. 4, especially as it related to maternity care and the care of young or handicapped children. The sections dealt with—

1. The allocation of billeting accommodation for various purposes, including military billeting.
2. Accommodations for expectant mothers, the selection of suitable billets near hospitals, the provision of hospital or maternity-home care for confinement, the selection, equipment, and staffing of maternity homes (appendixes A and B), and preliminary arrangements for immediate reception in time of emergency.
3. Accommodations for parties of handicapped or young children in organized groups not accompanied by mothers, and the selection of premises.
4. The provision of hospital or other accommodations for the care of children with infectious diseases.
5. The provision of communal meals, especially through the expansion of the plan for school meals (Board of Education Circular 1469 [74]), and joint planning by local reception authority, local education authority, and the Women's Voluntary Services.
6. The maintenance of mothers and other persons accompanying young children.

7. Problems of postal correspondence with families.

8. The important problem of preservation of identity of evacuated children through the National Registration Scheme. (See p. 57.)

c. Billeting.

Under the Emergency Powers (Defence) Act and the Defence Regulations (Regulation 22, paragraph 3 [48]), the Minister of Health was authorized to delegate to any specified persons or class of persons his power to serve billeting notices upon the occupier of any premises requiring him to furnish accommodation by way of lodging or food or both.

In a circular (1857) [46] dated August 27, 1939, the Minister delegated his power of appointing billeting officers to the mayor or chairman of a local borough or district council under certain conditions including, among others, the appointment of a chief billeting officer and the limitation of authority of billeting officers to the billeting of persons under the evacuation scheme under section 56 of the Civil Defence Act, 1939. Reference was made in this circular (a) to the tribunals of appeal for householders provided for under paragraph 9 of Regulation 22 of the Defence Regulations, and (b) to the effect of paragraph 11 of that regulation, which suspended the operation of the sections of the Public Health Act, 1936 [62], relieving persons who receive children apart from their parents for reward, from reporting to the welfare authorities and substituting an obligation on the householder to care for any unaccompanied child to the best of his ability. The circular pointed out in connection with this last item that local authorities should make arrangements for the subsequent visiting of children in billets by the billeting officers or other suitable persons, in order to satisfy themselves as to the welfare of the children.

The Minister of Health also notified the local authorities that he had delegated to the clerks of the local authorities his requisitioning powers under Regulation 51 [61] of the Defence Regulations, 1939, and pointed out that these powers were limited to taking possession of houses or residential buildings if unoccupied, and other buildings, whether occupied or not, for some purpose directly connected with the Government's evacuation scheme under section 56 of the Civil Defence Act, 1939 [60]. A requisition form was appended to Circular 1857.

Responsibility for planning for the reception of children, therefore, was given by the Ministry of Health to the local authorities responsible for housing and sanitary inspections, the same authorities that had been responsible for the evacuation survey. In most cases the chief billeting officer was the clerk of the local council, and the selection of billets and the assignment of school children and of mothers and young children to billets on their arrival in the reception area was to be his responsibility. The Ministry of Health suggested to local authorities

that they seek the assistance of volunteers, especially members of the Women's Voluntary Services, to serve as billeting officers and to assist in plans for the establishment of temporary hostels, sick bays, hostels for difficult children, residential nurseries, maternity homes, communal-feeding projects, and other community services that the local authorities felt were desirable. To assist the local authorities in billeting and to provide for payment of allowances to householders, the Ministry of Health issued an identification card [63] for the billeting officer and billeting forms [64, 65, 66] to be served on householders by the billeting officers and to be presented by the householders at the post offices for payment.

Billeting allowances.—The prices payable to householders for accommodation under billeting notices were also set forth in Circular 1857 [46] as follows:

For children provided with board and lodging, 10s. 6d. per week where one child is taken, and 8s. 6d. per week for each child where more than one child is taken.

For persons provided only with lodging (with the use of the water supply and sanitary conveniences), 5s. per week for each adult, and 3s. per week for each child.

For voluntary helpers from the evacuation areas working full time in the reception areas, 21s. per week for each person to cover board and lodging.

A mother lodged under this scheme with her children was expected to pay the cost of maintenance of herself and children other than lodging.

Government Recovery Scheme.—Though the Anderson report recommended that the full expense of the care of unaccompanied school children should be borne by the State, the Ministry of Health had made it clear in its circular [42] of May 1, 1939, that some contribution toward the cost of allowances would be called for where family circumstances justified such a course. Though the circulars advising the London County Council and county-borough councils of evacuation areas of the recovery scheme were not issued until after the evacuation took place, it would appear appropriate to discuss the scheme here.

Authority to recover sums paid by the Minister of Health in respect of accommodation and medical treatment of persons transferred from one area to another under the evacuation scheme was conferred upon the Minister by Defence Regulation 22, paragraph 5 [48].

A series of circulars and memoranda were addressed to the county councils and county-borough councils of evacuation areas in October 1939, outlining in detail the scheme and instructions for putting it into effect.

Circulars 1877 [68] and 1877A [69] pointed out that the recovery which the Government had in mind was limited to the expenses, other

than traveling expenses, incurred in connection with evacuated children who had been billeted under the Government scheme and for whose board, lodging, and welfare the householder who received them was responsible. It was estimated that the services rendered to these children (including medical attention) under the scale of billeting fees in force amounted to approximately 9s. a week per child. Parents or other persons liable were to be invited to pay the full charge of 9s. if they were in a position to do so, but, if not, a payment of 6s. or upward was to be treated as a full discharge of the legal obligation. From persons in receipt of unemployment assistance or public assistance the Government sought no recovery. In all other cases the parent or other person liable "should be called upon to pay a contribution of 6s. per child, or such smaller amount as may be appropriate to his financial resources."

Authority to collect was delegated to the county councils or county-borough councils.

In normal circumstances the amount recoverable was to be calculated on the following basis:

1. The income to be taken into account is the net income (i. e., the total wages and other income reduced by the amount of State insurance contributions and traveling expenses to and from work) of the parent or other person liable.

2. From this net income the following amounts should be deducted:

- a. Net rent and/or other outgoings in respect of the house.

- b. The following sums for the personal needs of the head of the household, including those of his wife, of any dependent adult, and of dependent children under 16 remaining at home as part of the household:

- 25s. a week for a father and mother.

- 15s. a week for a sole parent.

- 10s. a week for a dependent adult of 16 or over.

- 6s. a week for a dependent child under 16.

3. A sum equal to one-half of the balance should be considered as available for repayment of billeting charges, and accordingly the amount charged will be this sum, or a sum of 6s. a week for each child billeted under the scheme, whichever is the less.

It should be clearly understood that the parent of an unaccompanied child billeted under the Government scheme remains responsible for the needs of the child (including clothing, boots, etc.) other than the child's board, lodging, and general supervision. This is one of the considerations which have been taken into account in deciding that one-half only of the balance of income is to be treated as available for repayment of billeting charges.

With Circular 1886 [70] the Ministry transmitted drafts of letters to be addressed to parents and forms for computing payments.

Memorandum Rec. 1, accompanying Circular 1887 [71] and Memorandum Rec. 2, accompanying Circular 1891 [72] gave detailed infor-

mation for local authorities on the scheme; and Memorandum Rec. 3, accompanying Circular 1898 [73], gave information for the guidance of referees appointed by the Minister to hear complaints of parents.

d. The plan for education of evacuated children.

The evacuation plans provided that children of school age should be evacuated in school units, that they should be accompanied by their teachers, who would carry on their education in the receiving areas, but that responsibility for the educational program should be delegated to the local education authorities in the reception areas. The local education authorities were to provide facilities either in school buildings or in halls or other buildings that could be taken over as supplementary school accommodations. It was foreseen that in some reception areas a "double shift" system would be necessary, using school buildings twice each day. It was realized that this might mean for a time a reduction in the number of hours of school, both for children living normally in the reception areas and for the evacuated children. Though it was the general plan that evacuated children should remain under the supervision of their own teachers, adjustments were left to the local education authorities.

The Ministry of Health and the Board of Education recommended that conferences be held during the planning period between the education authorities in evacuation areas and those in the reception areas. This was done to a considerable extent, but it was found that detailed plans with respect to individual schools could not be finally developed since in the large evacuation contemplated it was not possible for the transportation authorities to determine accurately in advance exactly where each school should be sent. Only a general plan of cooperation could be worked out. It was, however, the policy that so far as possible education authorities in the evacuation areas should assist the local education authorities in reception areas with equipment as well as with teaching staff. There were 73 local education authorities in the reception areas allotted to metropolitan London. The directors of education in these local authorities were supplied with copies of all circulars issued to the heads of London schools by the London County Council, as well as with communications from the Board of Education. The local authorities, therefore, were kept informed of the progress of the London planning as well as the national planning.

The increased cost to local education authorities for providing educational services to evacuated children or for premises was to be met by the evacuation authorities. Welfare services were to be met by the Ministry of Health as part of the total evacuation costs. The provision of clothing and shoes remains primarily the responsibility of the parents, but arrangements were made for local authorities, Women's Voluntary Services, and other voluntary sources to fill the gap when

parents were unable or unwilling to supply deficiencies, the cost being recovered from the parents in appropriate cases.

The plan for evacuation of school children in school parties was made primarily with the hope that complete school parties could be billeted in a single reception area. Under this plan elementary-school children were to be billeted in towns or adjacent villages so that the head teachers could keep track of the educational work for the whole school. Similar plans were envisaged for secondary-school children with the idea that such schools would be billeted in towns where secondary schools were already in existence and where suitable accommodation and equipment were available. The problems of placing secondary technical schools also were anticipated. The plan called for the use of school camps for groups of handicapped children in attendance in special schools in the evacuation areas.

Two circulars containing information for the guidance of the local education authorities in reception areas on educational problems, which it was foreseen would arise, were issued by the Board of Education in May and August 1939. The first, "Education of Evacuated School Children in Time of Emergency," Circular 1469 [74], included detailed advice to local education authorities in reception areas covering such topics as financial responsibility, the supply of school materials, the accommodation of special-school children and nursery-school children, arrangements for school medical service, communal meals, and the general welfare of children.

The second circular, "Schooling in an Emergency," (1474) [75], was more technical in character and covered education of children transferred to reception areas.

e. Some comments on plan for reception areas.

(See also Health and Welfare Services Under Evacuation Scheme in London and in Reception Areas, pp. 97-128, and Effect of Evacuation on Education, pp. 128-134.)

On the basis of the instructions and advice in the various circulars and memoranda from the Ministry of Health and the Board of Education, the local receiving authorities were presumably in a position to plan for the selection of billets for unaccompanied school children and their teachers and helpers and for mothers with children under 5 years, to find and equip houses to be used as hostels for the reception of children, as maternity homes, as residential nurseries, as communal-feeding centers, or as community social centers, and to plan for schooling. In the summer of 1939, however, full advantage could not be taken of all that was suggested by the Ministry, partly because sufficient funds for renting and equipping hostels and maternity homes were not yet available and partly because it was not possible to foresee what facilities were most needed in each community.

In spite of this a considerable amount of planning was done in advance, and premises were selected in many cases for occupation if and when an emergency should arise. By common consent the inadequate number of residential units suitable for hostels or homes which were ready for occupation at the time of actual evacuation was declared a real and great weakness in the plan, which accounted for much unnecessary confusion on arrival, much rebilleting of difficult children and mothers, and the immediate return home of many women. It was corrected as rapidly as possible after evacuation was complete, but too late for the first emergency.

The plan to billet pregnant women on householders for the month before confinement in the neighborhood of a hospital or maternity home and again after the birth of the baby was part of the total maternity-care scheme of the Ministry, and probably the best that could have been worked out before the emergency. This plan, as will be shown, was modified later in favor of hostel care. During the period before the declaration of war many large houses were selected for maternity homes, and a good many were equipped and staffed so that they should be available at short notice. The number was inadequate, however, when the evacuation took place. Obviously it was difficult to tie up a large number of big houses, purchase equipment, and keep staff on call for such a specialized service as obstetrics, but that such a procedure was necessary was certainly shown. A similar situation obtained in respect of houses for residential nurseries for children under 5 living in homes in London or attending nursery schools or day nurseries. The need for billets and houses for the military forces complicated the situation, making it both difficult to find suitable houses with heat, water, electricity, and gas, and difficult to hold them in reserve for an evacuation.

The original plan for reception areas did not call for the participation of trained social workers in organizing and directing the community planning or in assisting individual mothers, either householders or newcomers, with their problems of adjustment to the new situation surrounding their lives. Volunteer workers were to be relied upon for this welfare work. The consensus among workers, both voluntary and official, in the reception areas now is that this, too, was a great weakness in the early planning due to lack of recognition of need for this kind of trained assistance in the welfare program. The participation of trained workers in the original evacuation survey would have enabled the local authorities to sort out the undesirable billets and select in advance those that would be suitable for special children or for mothers and young children. Apparently no use was made of child-guidance workers in the early planning processes, and the possibility of any selective placement of children known to have behavior difficulties was apparently not considered.

The task of transferring almost a complete educational system from one large metropolitan area to 73 local education authorities, especially when the exact destination of any single school could not be assured in advance, would have so many obvious difficulties that any plan would necessarily be incomplete. That better joint planning between education authorities in evacuation and reception areas and with transportation authorities might have resulted in a more definite plan is conceded. It would be unrealistic to think that all difficulties could have been overcome. Prior planning for placement of secondary and junior technical schools in towns where they could be linked with other comparable schools should be possible.

First Major Evacuation—September 1939

The evacuation.

Toward the end of August 1939 it became apparent that plans for evacuation from the London area would have to be put into effect [76]. The schools were having vacation, so that the teachers were away and school medical services were in recess. In the fourth week of August, on the instruction of the Government departments concerned, teachers were recalled from their holidays. Schools were opened on Saturday, August 26. On Sunday, August 27, the teachers were at the schools prepared to offer advice to parents. On August 28 there was an evacuation rehearsal in the schools. Thereafter the schools were kept in a state of preparedness, the signal for departure being hourly expected. On Wednesday, August 30, a false signal was given, and it was not until Friday, September 1, that evacuation actually started. The evacuation operation was completed on Monday, September 4. During these 4 days, 607,635 adults and children were removed from London without a casualty. A report [76] showed the 607,635 persons as made up of the following classes:

	<i>County of London</i>	<i>Contiguous boroughs</i>
Traveling by train:		
School children with their teachers ¹ -----	259, 452	94, 610
Mothers traveling with children under 5 years of age and school children withdrawn from school parties, and women expecting chil- dren more than 1 month ahead-----	152, 142	78, 540
Traveling by coach to predetermined destinations:		
School parties of handicapped and tiny chil- dren accompanied by teachers, domestic staff, and attendants ¹ -----	12, 000	5, 000
Expectant mothers whose confinements were due within 1 month-----	2, 921	902
Blind adults-----	1, 600	468
Total-----	428, 115	179, 520

¹ Approximately 1 adult to 10 children.

Because less than the expected number of children appeared to join the school parties it was possible to complete the evacuation in a little more than 3 days instead of the 4 days that had been planned. The evacuation of school parties took place in an orderly and pre-determined fashion.

On each day during which evacuation took place, school children were assembled at the schools in parties headed by their teachers and accompanied by helpers who in many cases were volunteers.

Lack of medical examinations.

Because the evacuation took place at the end of a vacation period, no medical examinations or nurses' inspections had been made since the recess began, in some cases more than a month before. The result was that a good many children appeared for evacuation who were suffering from skin infection or from pediculosis. No attempt was made to send school doctors and school nurses with the children on the trains or coaches because it was believed that the evacuation would shortly be followed by very heavy raids when all medical personnel would be required for the casualty services.

When the order for evacuation of children was given in September 1939 the school medical officers and school nurses under the local education authorities automatically were assigned to the Emergency Medical Services, first-aid posts, or A. R. P. services. This was done in the belief that, since a great majority of the school children would be evacuated and the schools closed, the school medical services would be no longer needed. The subsequent history of evacuation indicated at once that school medical services in London were urgently needed to prepare additional children more effectively for evacuation and to render service to the portion of the school population remaining in London.

When the parties of school children were ready to set out, they were assembled in columns of 4 with the smallest children in the middle. Each child carried his own luggage and lunch. As a rule these school parties walked to the nearest tube stations and were taken to one of about 40 entraining stations which had been established at the outskirts. Here the school parties were put aboard trains or busses in order of arrival at the station. Since the plan called for the evacuation of nearly 200,000 children a day, it was not possible in this first large evacuation for the transportation authorities to give advance notice of the destination of each school party. Transportation schedules had been prepared, and in general the plan for distribution of children in school parties was carried out. In some cases where school parties were to be transported by coach the accommodations were not sufficient to carry the total number at one

time and separations occurred. Sometimes one squad of a school party would find itself in a village entirely separated from the rest of the party. In some cases school teachers found themselves in charge of children who were not originally assigned to them. In a few instances parties of secondary-school children found themselves in villages where there was no secondary school to which they could go, and the lack of equipment made it difficult for the accompanying school teachers to adjust the situation.

As regards parties of mothers with children under 5 and expectant mothers, at the start of evacuation there was relatively little information on the number who wished to be evacuated. Though some had registered at child-welfare centers, most of those who reported had not registered. As a result, the process of transportation and the determination of destinations were more difficult. Certain preparations had been made in receiving areas for pregnant women, but the arrangements could not always be carried out. Occasionally difficulties arose when parties of pregnant women destined for a specified community where billets had been prepared for them arrived instead in a different community where children were expected. Similar groups of mothers and children under 5 occasionally arrived in a community where secondary-school children were expected. These difficulties were relatively uncommon, and there were no really serious misadventures or casualties.

The arrival in reception areas.

On arriving at the detraining centers, groups of children and mothers were met by the authorities of the district and the localities to which they were to be assigned. If the arrival of the children was not too late in the day, plans were immediately made for distributing the school children and the mothers and young children to the billets in the villages or towns for which they were destined. Volunteers were on hand to help the local authorities in this process of distribution. Many automobiles were requisitioned and the children and mothers were taken to their villages and billets as rapidly as possible. In many cases rest centers had been prepared at the detraining centers to which the children could be taken to wait and rest while awaiting transportation to their billets. When children arrived at the detraining stations too late in the afternoon or early evening to be distributed to their final destination, or when more were received than had been expected, arrangements were made for the children to stay overnight in such a rest center. As a rule this rest center was a school hall or other community center of some sort where they could be made reasonably comfortable overnight. In many cases cots or mattresses, and in all cases meals, were provided for the children.

Assignment to billets.

Mothers with children under 5 years of age were billeted on householders as lodgers and expected to provide their own meals, using the householders' kitchens and equipment for cooking. This was obviously fraught with many difficulties because of the great differences in the background of city and country mothers and the concern of a householder for her household possessions when used by someone else with different standards of care. Friction arising from minor incidents was often the cause of a mother's returning to London with her young children. The need for social workers to assist in adjusting these situations was not appreciated at this time.

Pregnant women were assigned, as a rule, to special billets selected ahead of time in areas near hospitals or maternity homes. In some cases the householder had agreed to allow the delivery to take place in her home, for which she received an extra allowance of 5s., but it was soon apparent that this arrangement would not prove to be satisfactory.

School children were billeted on householders as boarders and the householders were fully responsible for their meals and for proper sleeping quarters. Great effort was made to get enough cots to provide one for each. Many local authorities had made such provision of cots and bedding before evacuation took place.

The very rapid spread of pediculosis, scabies, and impetigo among the evacuated children and from the evacuated children to local children created a situation in many localities which in some cases threatened to interfere with the success of the whole project. Local health visitors and district nurses, householders, teachers, and helpers were forced to take vigorous steps to clean up the children and treat the skin infections. In accomplishing this, the local authorities had the assistance of many volunteers. Temporary cleansing stations were established. At the end of about 3 weeks the situation was largely in hand.

Second only to the difficulties arising from these minor ailments were the difficulties arising from enuresis. Many children coming to new and strange surroundings developed enuresis when they had not suffered from it before. Unfamiliarity with the types of toilet facilities available in many of the households to which they went, combined with shyness and often a sense of insecurity, resulted in enuresis and other psychosomatic disturbances which were very disturbing to the householders. In many cases the occurrence of these behavior difficulties was one of the factors in bringing about the return of children to their families in London. In other cases where the difficulties were persistent, solution was found by placing the child either in another household where there was greater sympathy with the emotional state underlying the difficulty, or in a temporary hostel. In those excep-

tional areas where child-guidance workers were already rendering service, problems of this sort were faced promptly and methods of meeting them were worked out. In the vast majority of them, however, there were no such workers, nor were there any social workers trained in the care of children.

At the time of this first evacuation local authorities did not appreciate the importance of having temporary hostels available into which unaccompanied children or mothers and children could be put before they were assigned to billets. In those few communities where such temporary quarters were provided they were found to be of great assistance in handling children who were sick or who were obviously behavior problems. The lack of such provision resulted in the billeting of children who were suffering from scabies, impetigo, and pediculosis and the rapid spread of these conditions among other children in the local communities. It also meant that there was no opportunity to observe children who were known to be behavior problems before leaving the city or to plan selective placement for them.

When evacuation from London took place, the child-care organizers (social workers) employed by the Education Officer's Department of the London County Council for work in the London schools were assigned to help the divisional dispersals officers in whatever way seemed most useful. At this time it was not realized that the assistance of these child-care organizers would be needed in the reception areas to help with the parties of mothers and children especially, or with the groups of so-called difficult children. On the second day of the evacuation these child-care organizers were delegated to act as assistant leaders of parties of mothers and young children. A few of them stayed in the reception areas to introduce the London mothers to their hostesses, but in most cases, being assured by the reception committees that they were able to deal with the situation, the child-care organizers handed over their charges and returned to London.

Community social services in reception areas.

Arrangements for education, health supervision, and medical care of the school children and other priority groups, including maternity-home care, as well as the provision of various community social services, special types of hostels, nursery centers, residential nurseries, and communal feeding will be discussed in a separate section of this report. (See pp. 97-128.) Suffice it to say here that until evacuation actually took place it was not possible to foresee how each type of community service recommended could best be developed, nor was the need for transfer of trained workers, such as health visitors, school physicians and nurses, child-care organizers, child-guidance workers, appreciated sufficiently at the start.

The additional burdens laid on householders who had their own families to provide for were very heavy, and there arose many instances of incompatibility with city mothers or difficulties with the behavior of school children, which meant major adjustments in the family life of the householder if the evacuated persons remained in the house or the removal of the children or mothers to new billets or to temporary hostels. In the early stages of the evacuation, planning for community activities which would take the mothers and children out of the billets for at least a part of each day had to be developed quickly. These included social centers for the mothers, recreation centers for school children, nursery centers, school meals and other forms of communal-feeding centers, and communal laundries. As the organization of these went forward, many points of friction between "hosts" and "guests" were eliminated. If they could have been organized before evacuation, or even if social centers only had been immediately made available for mothers in every community, where they could gather with their city friends for a part of each day, much of the return to London and other cities would have been avoided. The early stages of reception care, however, were periods of learning by trial and error, and the surprising thing is that the success was as great as it was.

Pamphlets and leaflets of advice to householders were quickly prepared and widely distributed, chiefly by the Women's Voluntary Services, and covered such subjects as, "Information on Evacuation for Householders Taking Unaccompanied Children" [77], "Information on Bed-Wetting" [78], "Information on the Cleansing and Care of Children's Heads" [79], "Care of Children in War-time" [80], "Notes and Suggestions on Clothing" [81], "Give and Take" [82], "A Healthy Child Is a Happy Child" [83], "War Time play Schemes for Children" [84].

Later, local authorities in a number of instances prepared bulletins of information for hostess and guest, as for example that entitled, "Help and Advice for Hostess and Guest" [85], published by the Borough of Bedford, or "Handbook of Services Available for Evacuees in the County" [86], published as a guide to billeting officers by the Huntingdonshire County Council. These bulletins contain most useful and suggestive information. A Government bulletin on "The Louse and How To Deal With It" [87] was also published a little later.

Advice to parents against bringing children back to the cities was circulated freely in the form of leaflets [88, 89, 90] put out by the Ministry of Health.

The return to London.

For a variety of reasons, very soon after the evacuation took place many mothers and young children returned to their homes in Lon-

don and many other parents brought their school children home. Most of this was the result of the absence of the expected bombing of London, the great strangeness of the country surroundings for the city women, the difficulty that arose when one family was billeted upon another, the worries of the evacuated mothers because their husbands were not being fed or their older children were not being cared for. The return to London began within a few days after the evacuation but reached its height at the end of about 2 to 3 months. Approximately two-thirds of the mothers with young children returned to the city and approximately half of the school children were taken home by their parents. It was estimated by the Ministry of Health [91] that on January 1, 1940, there were still left in the reception areas approximately 400,000 school children from London and other evacuation areas and about 50,000 mothers and young children. Approximately 430,000 school children and 370,000 mothers and young children had returned to the evacuation areas. About half of these returned to London.

Continuing Evacuation Plans—October 1939–September 1940

Adjustments after evacuation.

a. Readjustment of school medical services.

Immediately after the first evacuation in September 1939 the Ministry of Health and the Board of Education took stock of the situation and soon realized that the lack of medical examination of children and treatment of infectious conditions and simple cleaning up before evacuation was responsible for at least some of the overwhelming difficulties that were being faced in the reception areas. It was also appreciated that physicians and nurses or health visitors should have been sent out on the trains with the children and, to some extent, that child-care workers could be of help in making adjustments in the reception communities.

The need for reestablishing the school medical service in London (see p. 112) was very quickly apparent, as was the great necessity for assigning physicians, school nurses, health visitors, and midwives to the reception areas. The rapid spread of pediculosis, scabies, and other conditions associated with uncleanness from the relatively small proportion (probably not more than 10 percent) of evacuated children to others who went out with them and to children resident in the reception area raised a furor of indignation and criticism which had its repercussions in Parliament. That it was wholly avoidable was true, and much of the criticism was justified. Also, children with acute sore throats would not have been allowed to travel in close

association with well children if an adequate number of physicians had been available at assembly points to examine children before starting. Immediate steps were taken to avoid these difficulties in the future. The Senior School Medical Officer in London and his central staff were recalled from their assignments under the Emergency Medical Services and reassigned to take up their regular duties. Before the end of the month a large number of the full-time school medical officers were also recalled to duty in the school medical services. In the same way school nurses were released from the Emergency Medical Services and returned to duty in the London school medical service. School treatment centers were reopened. Medical examinations of children were started and parents of children remaining in London were encouraged by messages and notices to bring their children to the schools and treatment centers for examination. It was promptly decided that thereafter thorough medical examinations should be given to all school children to be evacuated. (See p. 83 for description of preparation of children for evacuation; see p. 114 for medical care of sick children in London.)

In the reception areas school medical services had long been established in connection with all the provincial schools. In the larger cities and towns, school treatment centers had been established in connection with the schools, frequently as separate physical units. In smaller places treatment centers were located in the schools. Medical inspection of school children was available in all school systems. A child who was found to be in need of care would be referred by school physician, nurse, or teacher to the school clinic, which in turn referred him, if necessary, to a hospital clinic or ward, or to a private practitioner.

The school medical services in the reception areas were not adequate to provide for the evacuated school children, and it was necessary for the school authorities in the evacuation areas to assign doctors and nurses to the reception areas to aid in care. The receiving authority was responsible for asking the evacuating authority to assign this personnel.

b. Adjustments in reception areas.

Difficulties of adjustments of mothers with young children to their billets also arose at once, as there had been little preparation of the householders in the reception areas so that they would make allowance for the different habits and customs of the city women or for the tension and emotional strain which the evacuation necessarily created. There had been little preparation of the city mothers (except to glorify the advantages of country life) to help them meet the completely new conditions of rural life. There had been little or no

planning for community activities for the newcomers to help them make adjustments. The organization of the school classes had met many difficulties in the nature of inadequate premises, irregular hours, lack of school equipment, and so forth.

Because of these situations the Ministry of Health and the Board of Education soon issued additional circulars and memoranda to aid the evacuating and receiving authorities in facilitating plans for further evacuation and the better organization of the reception areas.

On September 12, 1939, a circular (1871) [92] was issued by the Ministry giving information supplementary to that previously published for receiving authorities on a wide variety of subjects, such as redistribution of evacuees, resumption of school life, assistance to householders by teachers and helpers, treatment of dirty or verminous conditions, use of empty houses, day nurseries, billeting young children, communal meals, blankets and camp beds, clothing, and so forth.

A special circular (1857B) [93] on requisitioning of premises, inspections, and records was issued in September, as was a special circular (1879) [94] requesting reports on the number of blankets and camp beds needed by local authorities and asking for a return report on the number billeted in each area. Still a third information circular (1876) [95] was issued to local authorities before the end of September, giving advice on private arrangements, prohibiting transportation of persons outside approved arrangements, and requesting evacuating authorities to carry out a medical inspection and, where necessary, efficient treatment of all children to be evacuated.

Public-health services for evacuated mothers and children.—Early in October 1939 the Ministry issued an important circular (1882) [96] on public-health services in reception areas covering such topics as—

1. The assignment of personnel by evacuating authorities to receiving authorities.
2. Medical arrangements for school children.
3. Medical treatment for mothers with young children.
4. Maternity and child-welfare services.
5. Arrangements for expectant mothers and young children.
6. Additional hospital accommodation for infectious diseases.
7. Provision of "sick bay" accommodation for minor illnesses.
8. Emergency hospital scheme.
9. Care of difficult children.
10. As an appendix, a series of recommendations with respect to the establishment of day or residential nurseries in emergency.

In this circular the Ministry pointed out the necessity for the release of medical officers, dentists, nurses, school nurses, midwives, and health visitors in order to help receiving authorities. It was suggested that the staff of evacuating authorities might be released to receiving authorities on a temporary basis and subject to recall in case of need

for the service in the evacuation area. The circular gave detailed suggestions on how personnel could be released, and included advice on the use of the local school medical services, domiciliary medical treatment of sick school children and of mothers with young children, assistance for medical care through the local receiving officer, the extension of child-welfare services including health visiting, child-welfare centers, antenatal and postnatal services, and the provision of cheap milk and meals to evacuated mothers and young children. The appointment of additional staff (as well as loan of staff) by the receiving authority was made possible. Under the subject of arrangements for expectant mothers and young children, various matters were taken up, such as billeting young children when the mother was confined, use of residential or day nurseries, hostels for antenatal care, confinement in billets and the increase in billeting allowance during the lying-in period from 5s. to 10s. a week, assistance from the Ministry of Labour when the woman was unable to pay for board, and recovery of cost of delivery when the woman was able to pay. The sections on accommodations for infectious diseases, sick-bay care, and care under the Emergency Hospitals Scheme gave full instructions.

Supplementing suggestions made in its earlier circular (1469) [74] on education of evacuated school children in time of emergency, in which preliminary instructions on school medical services in reception areas had been given, the Board of Education issued a brief circular (1479) [97] on September 29, 1939, a circular (1485) [98] on the school dental service in wartime on November 24, 1939, and a more comprehensive circular (1490) [99] on the "School Health Services in War-time" on December 14, 1939. The last circular dealt fully with services in evacuation areas as well as in reception areas.

Some time later, in August 1940, still another circular (1523) [100] was issued by the Board of Education advising local authorities of the possible further withdrawal of physicians and dentists by the military forces and urging that all vacancies be filled as soon as possible. Realizing that all vacancies probably could not be filled, the Board made suggestions concerning the essential school services that should be carried out, as follows:

1. Every child should receive a full medical examination as soon as practicable after admission to school. In view of the difficulty of detecting visual defects at this age it may be necessary to postpone vision testing until a later age, e. g., 7 or 8 years.

2. Every school should be frequently visited—if possible at least once a term—by a medical officer for the purpose of carrying out a rapid survey of all children in the school. At these visits particular attention should be paid to ailing children and children specially presented by school nurses, teachers, attendance officers, or parents. This rapid survey of all the children should have regard, *inter alia*, to the nutrition

of the children and to the selection of children who appear to be in need of supplementary nourishment. In view of the great importance of maintaining the nutrition of children in wartime, this is a branch of the work of the School Medical Service which should be maintained and, so far as practicable, extended (see paragraph 3 of Circular 1520).

3. There should be no relaxation in the work of detecting and preventing uncleanness.

4. All children requiring observation or treatment should be followed up and existing treatment facilities should be maintained.

Suggestions were also made with respect to the dental service, the filling of vacancies, and the essential dental services in wartime.

Communal services.—In November 1939 a detailed memorandum (Memo. Ev. 6) [102] and a circular of information (1913) [101] were issued by the Ministry of Health to reception-area and evacuation-area authorities and county councils, giving to the local authorities suggestions how, under the difficult circumstances of the evacuation, assistance could be given to householders to lighten the burden which inevitably fell upon them in the reception of evacuated school children or mothers and young children. The memorandum was necessitated by the fact that a great many mothers and young children had returned to the evacuation areas and also many unaccompanied school children had been taken home by their parents. To forestall this, and to lighten the burden of householders, the memorandum made suggestions on how some of the problems could be solved. It pointed out that it was essential that the burden of service should be equitably distributed. Concrete suggestions were made for the development of communal services, redistribution of evacuated persons or schools in the reception areas, and visits by parents and relatives.

Under the general heading of the development of communal services, attention was drawn to the importance of communal meals, the further organization of social and recreative activities for school children out of school hours, facilities for the occupation of mothers and young children outside the houses in which they were billeted, assistance with domestic work—cooking, washing, or mending—by helpers. The use of volunteer or paid helpers in the development of community services was particularly recommended, and provision was made for transfer of helpers originally assigned to the school unit.

Nursery centers.—In January 1940 an important circular [103] on nursery centers for children in reception areas was issued jointly by the Board of Education and the Ministry of Health. This circular outlined in detail how nursery centers for children between the ages of 2 and 5 years could be organized and financed. It gave suggestions on the accommodation and staff required and pointed out that the Ministry of Health was prepared to regard approved expenditures for the establishment and maintenance of nursery centers as a charge upon the general evacuation account (see p. 125).

c. Visits by parents to children in reception areas.

In order to allay fears of parents of school children and to make it possible for them to visit children in the reception areas, arrangements were made with the railway companies by the Government for railway facilities in the form of 1-day return tickets at reduced fares on trains running on Sundays. Parents in taking advantage of this arrangement were told that the visit must not be taken as an occasion for withdrawing children from the receiving areas.

Modification of original plan.

In February 1940 a modification of the first general plan was formulated and described in a circular (1965) [104] issued by the Ministry of Health and in Memo. Ev. 8 [105]. The scheme was confined to unaccompanied school children and was not to be put into effect until air raids on land developed. Since, therefore, notice of the evacuation under this plan would necessarily be short, the Ministry of Health pointed out to the local authorities that it was essential that the organization of the plan should be in such a state as to enable it to function at short notice. It was further pointed out that—

1. The areas to be evacuated would be the same as those evacuated in September 1939.
2. Evacuation would not necessarily take place in all areas on the same day but would depend on prevailing conditions in the areas.
3. Not less than 36 hours' notice would be given of the evacuation of any area.
4. Evacuation would take place between the heavy peaks of morning traffic and evening traffic.
5. Specified parties would, so far as possible, be taken to specified destinations.
6. The rate of delivery of the children to each part of the receiving area would be steady over the whole period during which evacuation lasted.
7. Trains would, wherever possible, reach detraining stations before dark.
8. Evacuation would be completed as quickly as possible, usually in 4 to 5 days.
9. Railway companies would try to notify receiving authorities of change of plans made during evacuation.

A campaign was launched to persuade parents to register their children, and an appeal was made to householders in the reception areas to enroll themselves as willing to provide billets and share the responsibility of the work with their neighbors. At the same time local receiving authorities were reminded of their compulsory powers and that it was the view of the Government that these powers should be exercised if the voluntary response was insufficient to secure an equitable distribution.

Plans were prepared for each evacuation area on the basis of the estimated probable response in that area, and new quotas on a much smaller scale than the original quota were allocated to reception areas. Under this plan it was estimated that some 560,000 school children might be evacuated when the order came in the succeeding months.

The London County Council, through the Education Officer's Department, prepared at this time and issued on March 19, 1940, a document [106] addressed to the leaders of all parties (of evacuees) and all adults accompanying them, with copies to all council officials and to the Ministry of Health, the Ministry of Transport, and their appropriate regional representatives. This document contained a complete statement of information and instructions on policy and procedure for the next evacuation of school children, covering information needed by evacuating staff, such as transport, divisional organization, personnel, notification of evacuation, identification of parties, food, first aid, nursing staff, health and cleanliness of children, and information needed by the receiving authorities, such as duties of leaders of parties, notification to receiving authority of arrival of parties, educational arrangements, boots and clothing, special school parties, holidays, and school-closure periods. This was followed by a detailed set of instructions [107] to all officers of the London County Council involved in the procedure of evacuation on the specific signals that would be issued by the Evacuation Division when the day for evacuation came.

a. Registration of children.

By May 1940 it had become apparent that parents were not interested in registering their children for evacuation in advance of evidence of more imminent bombing. Notice (Circular 2017 [108]) was sent in May by the Ministry of Health to all evacuation authorities urging that further effort be made to obtain the registration of children. In spite of lack of registration the Ministry indicated that arrangements already made by local evacuating and receiving authorities for evacuation, including those for transport, should stand subject to later modification.

b. Billeting allowances.

In May, after consideration of the burden being borne by householders in receiving areas and a review of the rates paid for unaccompanied school children, it was decided to increase the allowance of older children to the following rates [108]:

	<i>Weekly allowance</i>
Unaccompanied children between 10 and 14 years of age-----	10s. 6d.
Unaccompanied children between 14 and 16 years of age-----	12s. 6d.
Unaccompanied children over 16 years of age-----	15s. 0d.

The rate for children under 10 remained at 8s. 6d. a week. The new scale of payments went into effect May 31, 1940.

c. Hostels.

Provision had been made in Memo. Ev. 8 [105] for the extension of the number of hostels for various purposes. In May 1940 special attention was called to the provision of several types of hostels in the Ministry's Circular 2017 [108] and in a circular (1508) [109] issued by the Board of Education describing particularly hostels for evacuated children in secondary, junior technical, and selective central schools. Accompanying Circular 2017 the Ministry of Health issued Memo. Ev. 9 [110] giving information, among other subjects, on hostels, including selection of children, premises, equipment, domestic arrangements, staff, voluntary help, diet, costs, organization of the children's life.. In May 1940 the Ministry issued a circular (2032) [111] authorizing local receiving authorities to incur necessary and reasonable expenditure in acquiring and equipping such hostels on the basis that accommodation of this kind might be required for a number of children not exceeding 5 percent of the quota allotted to each area.

d. Maternity and child welfare.

The Ministry of Health expressed the view through a circular (1998) [112] in April 1940 that the aim of all child-welfare authorities in receiving areas should be to bring within the scope of their services all mothers and young children in their areas, whether evacuated under the Government scheme or privately. The Ministry outlined the scope of the services expected as including health visiting, clinics, provision of milk and meals, and dental treatment. The circular dealt with the financial responsibility of the receiving authority for its own residents and pointed out that the welfare authorities in evacuation areas should in the first instance meet expenditure for persons normally resident in their areas. The welfare authority in the reception area was directed to claim reimbursement of net expenditures attributable to evacuees from the welfare authority of the area in which evacuees normally resided. The Ministry also stated that it would recognize for grant as an evacuation charge (in claims put forward by authorities in reception or evacuation areas) net additional expenditures for services for expectant and nursing mothers and young children evacuated under the Government scheme.

Expenditures incurred by welfare authorities in receiving areas in respect of special institutions, as maternity homes, antenatal hostels, or residential nurseries, would be matters for adjustment between the local receiving authority and the Exchequer and could be included in claims for grant as evacuation expenditure in accordance with paragraph 10 of Circular 1800 [42].

e. Preparation of the children for evacuation.

Medical examination and treatment.—In order that the children evacuated under the new scheme should be in good medical condition, or that at least the child's condition at the time of evacuation should be known to the receiving authorities, instructions were given by the Ministry of Health in Memo. Ev. 8 [105] and in a joint circular [113] issued with the Board of Education to evacuating authorities with respect to medical examination of the children prior to their evacuation. The evacuating authorities were requested "to carry out a medical inspection and, where necessary, efficient treatment of all children to be included in the parties. No child who is not free from infection or disease should be included in the party unless arrangements can be made for its reception in an institution or other place where it can be attended to until free from any such disease or infection."

The instructions from the Ministry of Health further indicated that because of the short notice to be given to evacuating authorities a certain number of children would necessarily be evacuated before infectious conditions and conditions of uncleanness could be cared for. Therefore receiving authorities were to take steps to insure that children suffering from infection or disease, such as scabies, impetigo, or serious conditions of uncleanness, should not be billeted in that condition on householders.

To meet this need it was suggested that the receiving authorities should make available accommodations in hostels sufficient for approximately 5 percent of the total number of children due to be received. The Ministry of Health recommended that preparations be made for the requisitioning of empty houses to be used as emergency hostels for these children. It was recognized that existing hostels or sick bays already in use could also be used. Receiving authorities were advised to provide themselves with sufficient camp beds and blankets to equip such emergency hostels. The evacuating authority was advised to recruit a sufficient staff of suitable helpers to staff the emergency hostels. It was planned that these helpers should travel with the parties of children and remain with the children in the hostels until they were fit to be billeted.

The Ministry of Health recommended to evacuating authorities that particular care should be taken to examine children registered for evacuation through the school medical services, and steps taken to get rid of such conditions as head lice, impetigo, scabies. So far as possible no child was to be sent out who was suffering from a condition of disease or uncleanness which the medical officer would regard as necessitating exclusion from school. The Ministry recommended further that the full available resources of the school medical and

nursing staff should be concentrated on the work of medical examination of children from the time evacuation was announced until it was completed, and suggested that the priority of the school in the timetable for evacuation should determine how far it was practicable to carry out a medical examination before evacuation, or how far this examination must be conducted after arrival in the reception area and before billeting. The Ministry of Health recommended that, if school children were sent out before examination was completed, arrangements should be made for medical and nursing staff to accompany the children on the journey in order to cooperate with the staff of the receiving authority on their arrival; and that where medical examinations had taken place before the departure of children the evacuating authority should take all steps practicable to identify children subject to enuresis or other disability which would make it difficult to billet them on private householders. The evacuating authority was to designate in charge of each party some one person who would be responsible for acquainting the receiving authority at the detraining station with the necessary particulars of this kind. Instructions to the receiving authority included the recommendation that provision for the attendance of medical and nursing staffs at the detraining station should be required for consultation with the medical and nursing staff who were to accompany the party, or with the teacher in charge, with a view to making prompt plans for the temporary placement in hostels of children who could not be billeted at once.

London plan for medical examination.—In response to the memorandum issued by the Ministry of Health making recommendations with respect to the new plan for evacuation, the school medical service of the London County Council prepared a detailed plan for the examination of school children to be evacuated under the plan, the general outlines of which were included in the Council's instructions bulletin [106] of March 19, 1940. The Council scheme was to be divided into two parts: First, the medical supervision of children who had been registered; second, the arrangements for final medical examination immediately before departure from London. For children who were registered for evacuation the plan called for medical examination, treatment of any minor ailment, follow-up observation by the school nurses, and reexamination the day before evacuation was scheduled. For children who had not been registered but whose parents at the last moment wished to have them sent out, examinations were planned to be held in connection with final registration and assembly.

It was decided that with each child to be evacuated there should be sent an evacuation card [115] sent out May 10, 1940, with an

accompanying statement to physicians [114]) indicating whether or not an initial medical examination had been held, the presence of any physical defect affecting evacuation, and estimate of nutritional state, and whether or not the child was receiving school dinners or school milk in London, the condition of cleanliness, the presence of infectious conditions such as impetigo or scabies, and any history of enuresis. The examining physician was to indicate on the card whether the child was fit for evacuation and billeting, and if unfit, the reason. The same card was to be used for children registered ahead of time and for those who attended for examination and evacuation without registration.

A full bulletin of instructions on "Medical Treatment and the Government Evacuation Scheme" [118] was issued to the London County Council administrative staff for their information, reviewing fully the position of the Government with respect to medical care of evacuees and especially the school medical service program.

Notes [116] for the guidance of medical officers conducting the final examination and instructions for filling out the evacuation card were issued on May 10. Instructions [117] were given to the physicians to mark on each child's identification labels symbols in red pencil indicating the existence of infections and their opinion whether the condition of the child warranted immediate billeting, or whether he should be placed in a temporary hostel until certain conditions were cleared up. A memorandum was issued to the examining physicians indicating the symbols to be used. The same memorandum was given to the receiving authorities so that the symbols could be properly interpreted. Special indication was made when information was available that a child might be expected to have behavior difficulties.

Preparations were made by the London County Council authorities to employ an adequate number of physicians to make the necessary examinations before and during the period of actual evacuation, and a team of 238 whole-time and 59 part-time practitioners was obtained for this work. A time sheet [119] was provided on which the physicians kept a record of the days and time given to medical-inspection work. Payment was made at the rate of 15s. an hour or part of an hour.

Since the number of London County Council nurses had been greatly depleted, the Civil Nursing Reserve was called upon to supply a team of 180 additional units, most of whom were untrained nursing auxiliaries, together with 56 senior nursing students. Detailed memoranda and instructions were issued by the London County Council to its staff, covering all points of the new evacuation scheme. The plan called for the attendance of physicians and nurses at the

point of assembly of children on the day of departure itself, in order that a possible last-minute gate-crasher for whom there was room on the train might be dealt with, and that any child who was suspected of having an acute infection might be seen at this time. The bathing stations were to be kept open through the evacuation period so that as many children as possible who were in an unsatisfactory condition could be treated before entrainment.

Second General Evacuation—June 1940

School children.

In May 1940, when the time for the second general evacuation seemed to be at hand, it was found [120] that only 80,000 school children had been registered, whereas the quota originally assigned to London was 267,000. It was decided [121, 122] to permit registration right through the evacuating period, and registrars for each assembly point were appointed. A further drive for registration was undertaken, and by June 8, at which time it was decided that the evacuation should begin on June 13, 120,000 children had been registered. It was at this time that the group of 297 physicians in London were called upon to make the final examinations of the children before evacuation.

Between June 13 and June 18 the second major evacuation from London took place under instructions [125] issued June 8. About 100,000 school children [91] were evacuated to the west coast of England and South Wales. The movement went forward smoothly and more effectively than before. Destinations of parties of school children were known, and receiving authorities were in a position to anticipate the numbers of children who would arrive. The move was well planned and receiving authorities were prepared in advance. Later in the month additional groups of children were evacuated from Portsmouth, Southampton, and Gosport, and early in July 25,000 children [91] were evacuated from the east coast. Since then evacuations from Coventry and Bristol and a part of Birmingham have taken place. Registration of school children has continued in the London area since June 1940, and parties were sent out weekly until the middle of September. Since the middle of September they have been sent out almost daily; this latter evacuation was described as a "trickle evacuation." About 50,000 children have been evacuated in this way. In February 1941 it was estimated that nearly five-sixths of all school children normally living in the County of London had been evacuated.

Expectant mothers.

The plan for the evacuation of expectant mothers during the last month of pregnancy, initiated at the time of the first evacuation in

September 1939, was continued throughout the succeeding months. In April 1940 it was stated [126] by the London County Council Education Department that the new proposals for the evacuation of school children issued in February 1940 did not in any way affect the continued evacuation of expectant mothers in the last month before confinement. Instructions on how the plan for the evacuation of expectant mothers was to be continued were reissued. It was assumed that if there was a serious threat of air raids, or if air raids actually began, a considerably larger number of women would wish to be removed than had taken advantage of the scheme up to that time. Registration of women who would wish to be removed in the last month of pregnancy was requested. After the initial registration the register was kept open continuously, and it was hoped that clinics and hospitals would cooperate in keeping the register up to date.

A leaflet [127] explaining the plan to the public was issued in May 1940. This leaflet pointed out that the mother could choose whether she wished to be evacuated only if air raids began or were imminent, or, in any event, as soon as the last month of pregnancy was reached. The new directions indicated that parties of expectant mothers would be sent out, and that in the event of air raids the evacuation of expectant mothers would occur on 3 of the 6 evacuation days to be designated. The plan continued to provide for qualified midwives to accompany each coachload. Women registering under this new plan for expectant mothers were to be accommodated in billets or antenatal hostels, and a lodging allowance was to be paid by the Government to the householder or hostel authorities. When billeted, the women were expected to meet expenses other than lodging and to contribute toward the cost of hospital care. The London County Council indicated that it was hoped that women would remain in the reception area after the birth of the baby and that they would not be compelled to return to the evacuation area because of lack of means. It was suggested that those who were unable to pay for their keep should apply for assistance at the local office of the Ministry of Labour.

In May, at the time when evacuation was imminent, detailed instructions [128] to medical officers of health, medical officers of hospitals, secretaries of voluntary hospitals, and administrative officials were issued. The great importance of registering all women in the last month of pregnancy who wished to be evacuated was stressed, since at that time accommodations in maternity homes or hospitals would take care of only 25 percent of women in London in the last month of pregnancy. Schedules for the evacuation of

registered expectant mothers were drawn up, indicating assembly points, day of evacuation, and destination.

The chief evacuation under this scheme occurred together with the evacuation of school children, already described, on June 13 to 18, 1940. Afterwards, a trickle evacuation of pregnant women continued throughout the summer.

Children under 5 evacuated to residential nurseries.

Because of the difficulties arising in connection with billeting mothers and children under 5 at the time of the first evacuation in September 1939 and the weeks following, the new plan initiated in February 1940 was limited, as has been pointed out, to unaccompanied school children. The care of young children in residential nurseries, however, was further expanded, and the method of selecting children for placement was improved. The Government assumed more responsibility for standards and cost, and required parents to contribute to the cost as they could.

On March 1, 1940, the Ministry of Health issued a memorandum [129] on nursery parties to chairmen of voluntary day nurseries and nursery schools, and to matrons, superintendents, and teachers in charge of evacuated nursery parties. Under the first evacuation scheme 149 parties [130] of children under 5 from day nurseries, residential nurseries, or nursery schools had been evacuated to large houses in the reception areas, 133 of these from the London area. Residential nurseries were, in general, under the supervision of the Maternity and Child Welfare Division of the Ministry of Health, but their organization and management were undertaken by voluntary organizations. According to proposals that had been made to the Ministry in 1938, after the "test evacuation", the National Society of Day Nurseries, the Nursery School Association, the Church of England Waifs and Strays Society, and others had been active in establishing residential homes. The number of such residential nurseries had increased to some extent as voluntary agencies were able to find and equip and staff suitable premises. In the original evacuation plan, as was pointed out in the memorandum by the Ministry of Health of May 1, 1939, children under 5 years of age who could not be accompanied by their mothers or other responsible persons might be evacuated under the supervision of the day nurseries or nursery schools that had been evacuated to reception areas. In the memorandum of March 1, 1940, the Ministry of Health assumed responsibility for these nurseries, and its statement may be summarized as follows:

1. Vacancies occurring in evacuated nursery schools and day nurseries should be filled by children who in the event of heavy and sustained aerial bombardment could not be taken out of immediate danger by

their mother or some other responsible adult, and who should be removed.

2. Some central machinery ought to be established to consider applications, prepare a priority list of children resident in the nurseries, recommend admission to a receiving home in London, and plan for transport to join the nursery parties in the country.

3. Steps should be taken to associate the London County Council as evacuation and public-assistance authority and the metropolitan borough councils as welfare authorities with any such central machinery, in order that so far as possible vacancies might be used to the best advantage.

During the period after the beginning of the evacuation in September 1939 the Evacuation Department of the Women's Voluntary Services had taken considerable part in organizing and establishing the residential nurseries for children under 5. Applications for evacuation to these residential nurseries were already being received by the Women's Voluntary Services from various London official bodies. The Women's Voluntary Services had utilized a small receiving home at Bedford College maintained by voluntary effort and had been able to evacuate by volunteer motor transport some 400 children. During the same period the London County Council as public-assistance authority had evacuated to residential nurseries some hundreds of young children falling within the scope of the Poor Law.

In the memorandum of March 1, 1940, the Ministry of Health announced that arrangements had been made to associate with the Evacuation Department of the Women's Voluntary Services a member of the London County Council's staff of care-committee organizers, an officer of its Public-Assistance Department, and a representative of the Standing Joint Committee of Metropolitan Borough Councils for the work of investigating and dealing with applications for placement of young children in the residential nurseries. This group of representatives of organizations were formed into a panel under the chairmanship of the director of the subdivision of the Evacuation Department of the Women's Voluntary Services known as the "Under Five's Department." This panel was given authority by the Ministry of Health to arrange for selection and admission of all children to receiving homes in London and to residential nurseries. Facilities for investigation of cases were available through the various organizations represented on the panel. Before being placed, children were admitted to the receiving home for observation periods of 2 or 3 days. Each child was examined medically before admission to the receiving home. A complete set of records and forms [131] for applications; consent of parents for medical treatment, and so forth, were drawn up.

Having set up this organization for the filling of vacancies in residential nurseries, the Ministry of Health urged all nursery com-

mittees and local authorities who had accepted responsibility for evacuating the nurseries—

1. To use the machinery set up by the organization of this panel for the investigation of cases before admission.

2. To notify the London County Council of all cases in which it is believed that the parents of a child now in the evacuated nursery have removed to live in a reception area, so that arrangements might be made for the child to rejoin the parents and thus set free a place in the nursery for another child from the evacuation area.

3. To cooperate in securing the agreement of parents to the billeting with householders of children who have reached the age of 5.

4. To notify the London County Council of vacancies within the recognized accommodation in the nursery as assessed by the Ministry of Health.

In the memorandum of March 1 the Ministry of Health stated that from then on parents of children in nurseries would be required to contribute toward the cost of maintaining their children in the evacuated nurseries and that in the future payments from parents should be accepted by nursery committees only if they were made for clothing or as a contribution to the nursery over and above the parents' liability to the Government. In order that parents might be brought into what is known as the recovery scheme (the scheme for payment by parents of part of the cost of care in reception areas—see p. 64), the Ministry of Health indicated that the London County Council should keep a register of the names of all children in the nurseries, of parents' addresses, of dates of admission to the nurseries, and of similar particulars concerning all children admitted to the nurseries.

In carrying out the directions of the Ministry of Health, the evacuation panel meets at the Women's Voluntary Services headquarters to review applications. As part of its work, the panel reviews each week approximately 150 applications. Decisions are made on the disposal of the children applying for care in the residential nurseries, either by assigning them to a nursery, if the case is suitable, or by referring them to voluntary agencies such as the Invalid Children's Aid Association or the Children's Country Holidays Fund, for placement or for supervision at home.

The result of this order of March 1, 1940, was that residential nurseries were brought under more definite control by the Ministry of Health, standards for care were carried out more effectively, overcrowding was prevented, medical supervision was assured, and plans for necessary extension of the program were based on evidence of need as provided through the applications coming to the central panel.

In 1940, 61 additional nurseries were equipped and supported by the Government with the aid of funds from the American Junior Red Cross [130]. The funds were received by the Women's Volun-

tary Services, but the nurseries were organized and supervised by the Church of England Waifs and Strays Society.

Effect of Bombing—September 1940

Organized Government scheme.

Early in September 1940 the severe bombardment of London began, and evacuation of school children again increased, though under the trickle scheme that had been established during the previous summer. (A special mass-evacuation plan [132] had been issued modifying previous plans on July 27, 1940, but was never put into effect.) No large evacuations from London took place, but a continuous flow of parties left the city daily, including (1) school children of bombed-out families as well as others, (2) pregnant women, and, before the end of September, (3) parties of mothers with children of school age and under, who were bombed out.

Almost immediately after bombing began it was realized that evacuation of mothers with young children and also children of school age, had to be arranged. On September 16, 1940, a circular (2140) [133] was issued by the Ministry of Health establishing the plan for daily evacuation of such parties. On September 23 a second circular (2155) [134] was issued, stating that arrangements had been made for parties of these mothers and children to be taken direct to one of the emergency hospitals under the Government casualty scheme (usually a hospital in the reception area to which the party was allocated), where they were to be accommodated for 2 nights in order to afford them the necessary rest, and, if necessary, nursing care. Arrangements for admission to the emergency hospital were made by the senior regional officer and the regional hospital officer, who in turn arranged with local authorities for transportation to the hospital and for subsequent billeting. After 2 days in the hospital the parties were then taken to the local reception areas to which they had been allocated for billeting. On October 11, 1940, the Education Officer's Department of the London County Council issued a complete set of instructions and advice [135] on the evacuation of mothers and children under this scheme, and prepared leaflets [136] of advice to mothers, giving simple information about how evacuation would be handled and making suggestions on how they would receive help with food and other necessities if they were without funds to pay for them.

By November 1940 this scheme for the evacuation of mothers and children was extended to include all mothers with children living in the County of London and East and West Ham, and to homeless mothers and children in any of the metropolitan evacuation areas (including Medway towns). In November from 500 to 1,000

persons were being sent away daily under this plan, and it was estimated that the number evacuated up to November was 100,000.

The Women's Voluntary Services cooperated with the Ministry of Health and the local authorities in carrying out these plans for mothers and children and their care in emergency hospitals and transportation, and gave special attention to reequipping them with clothing as needed. The use of the hospitals as rest centers had the great advantage of giving the receiving authorities at least 2 days' notice of the arrival of a party to be billeted, and of allowing the mothers and children 2 days' rest and care after the experiences through which they had gone. There was evidence that the mothers were extremely grateful for the arrangement.

Private arrangements.

In September 1940, soon after the onset of bombing, the Ministry of Health issued Memo. Ev. 10 [137], which provided that mothers with children under 5 years of age who lived in any part of the metropolitan evacuation area and who had friends or relatives in a reception area, could be provided with free travel warrants and be billeted at the rate of 5s. for the mother and 3s. for each child. The Ministry instructed the evacuating authorities of London to issue certificates to mothers with children of school age or under, to expectant mothers, and to aged, infirm, and invalid persons (including the blind) normally resident in these areas, and placed on the evacuating authority the responsibility of making sure that arrangements had been made for accommodation.

The evacuating authority was instructed also to issue a railway voucher entitling the mother and her children to travel to the reception area. Receiving authorities were instructed to issue billeting forms at the appropriate rate to the householder with whom arrangements had been made, when she produced the certificate issued by the evacuating authority. Arrangements could also be made by mothers who wished to take with them older children. If a child was under 14, the billeting rate was 3s. a week; if 14 or over, 5s. a week.

Ministry of Health Circular 2170 [138] extended the provision to all of the priority groups, including mothers with children of school age or under, expectant mothers, aged, infirm, and invalid persons (including the blind), and stated that persons of either sex rendered homeless by enemy action might be billeted officially in any area (evacuation, neutral, or reception), provided they could make private arrangements to be received.

Unaccompanied children of school age or under, for whom accommodations had been found privately, might be billeted officially (Memo. Ev. 7 [139]), provided that the contribution which the parent would be required to pay was less than 6s. weekly.

The adjustment of mothers and children in reception areas.

Later in October the Ministry of Health issued a comprehensive statement to local authorities (Circular 2178 [140]) giving consideration to various problems arising from the evacuation of mothers and children under the Government scheme and under private arrangements. The Ministry reiterated the Government's point of view that the policy of dispersal on which evacuation plans were based was sound, and asked the cooperation of the local authorities and the householders in doing everything possible to help women with young children to settle down in strange surroundings, and at the same time to minimize as far as possible the inconvenience to householders. The attention of local authorities was drawn to a statement addressed to householders and mothers, intended to assist each in adjusting to the new situation. The Women's Voluntary Services also prepared a leaflet for this purpose.

The principal provisions of Circular 2178 may be summarized as follows:

Responsibility of public-assistance authority.—The problem of billeting persons who arrived in reception areas and who were unable to find accommodation for themselves was to be met by the public-assistance authority. The public-assistance authority was instructed to request the billeting authority to provide accommodation for such persons as mothers and children who came within the scope of the Government scheme, in order that the public-assistance temporary-accommodation quarters might be cleared as soon as possible. The billeting authority was instructed, when requested by the public-assistance authority, to make provision for mothers and children, even if they arrived without certificates from the evacuating authority. Further instructions were given with respect to billeting women without children, and for dealing with men, either employed or unemployed, who were not, however, to be billeted.

Crowding.—The Ministry of Health reiterated that overcrowding must be avoided and "authorities should not hesitate when necessary to use compulsory powers without fear or favor in order to secure a reasonable and equitable spread." It had been reported to the Ministry that in a number of districts the smaller houses had been billeted to their full capacity but that no billeting had taken place in a number of the larger houses.

Use of empty houses for evacuated mothers and children.—The Ministry urged that the widest possible use should be made of empty houses, in order to reduce to a minimum the calls upon individual householders in the district and to provide a form of accommodation in which the evacuated mothers could be made responsible for the management of their own households and families. Caution was given regarding the water supply and sanitary arrangements, the provision of proper facilities for cooking, and so forth. It was pointed out that wherever families were to be housed together in a larger house, some supervision on behalf of the receiving authority would be necessary and that the Women's Voluntary Services would be ready to help. In general, it was recommended that the policy of reception author-

ities should be to place in large houses families which for one reason or another were not easy to billet, and it was pointed out that it might be necessary to engage a paid social worker to take charge of the house. It was suggested that the evacuating authority or the evacuation department of the Women's Voluntary Services might be able to assist in locating workers.

Welfare workers.—Furthermore, the importance of employing persons experienced in handling individual children and families who were found to be difficult to billet or house was emphasized. Full use of existing services and organizations, both official and voluntary, county and district, was advised to take care of the needs of evacuated persons and to absorb them as rapidly and as fully as possible into the life of the community.

Employment of women.—Advice was given on the regular employment or occupation of evacuated women, and it was suggested that so far as there were opportunities women should enter local wage-earning employment, provided they did not displace local labor. Local authorities were advised to make full use of the facilities provided by the Ministry of Labour's local offices. Part-time employment was suggested when women were not in a position to take full-time employment. It was suggested that the release of some mothers for employment would be facilitated by making arrangements for the care of the children during the day by the establishment of nursery centers and provision of communal meals. It was further suggested that the mothers themselves should be encouraged to take an active part in the work of such local services. The advantage to the householders and the mothers of the establishment of mothers' clubs was pointed out, and the participation of the mothers themselves in the management of the clubs was stressed. The establishment of nursery centers for children in association with the mothers' clubs was suggested. The establishment of community laundries was recommended. Other occupations for the women were proposed, such as making and mending clothes for themselves and their children.

The London County Council stood ready to assign to local education authorities officers familiar with the types of work proposed for women, and teachers experienced in instruction over a wide range of occupations and crafts, including recreational activities. The assistance of the Women's Voluntary Services and the local Women's Institutes was offered. A list of organizations which might be able to assist in problems arising in connection with the evacuation of mothers and children was appended to the Ministry's circular.

Health services for evacuated civil population, including priority groups.

In addition to giving advice on health services for children and other priority classes, the Ministry of Health issued to local authorities in November 1940 a circular (2204) [141] covering all phases of health services for evacuated populations, including priority classes. The purpose of the circular was to make certain that the local authorities informed all evacuated persons of the health and other welfare services available in the reception areas and of the best methods of taking advantage of them. The local authorities were advised that

it was particularly important that all normal health and welfare services should be provided for evacuated and homeless persons billeted in the authorities' areas or accommodated in hostels or other communal institutions as a charge on the evacuation account. It was pointed out that when expenditure was incurred by any local authority in extending its services to evacuated or homeless persons billeted or accommodated at the expense of the Government, which was shown to be additional to the expenditure that would normally have been incurred, the local authority would be eligible under section 56 of the Civil Defence Act, 1939, for a grant in the amount of the additional expenditure.

The circular took up the health services as follows:

Staff.—Local authorities were reminded that where additional staff was required for the maintenance of any expanded health service, they should approach the corresponding authority in the evacuation area for such assistance as the latter was able to render.

Domiciliary treatment.—Public-assistance authorities in receiving areas were requested to review the situation with respect to the provision of the services of district medical officers for any necessary domiciliary treatment of persons billeted in their areas who had been accustomed to rely on the services of such district medical officers. Public-assistance authorities were asked to consider whether extended arrangements were required, and were informed that additional expenditures reasonably incurred in respect of evacuated or homeless persons billeted or accommodated at the expense of the Government, or the cost of additional appointments made with the approval of the senior regional officer would "rank for grant" under the Civil Defence Act.

Arrangements for medical attendance of unaccompanied school children in foster homes were continued.

The scheme for care of insured persons under the National Health Insurance Acts was declared to be still in operation in the normal way. Nursing care was to be provided under any arrangements normally made by the local authority, as well as through district nursing associations or by private nurses engaged and paid by the evacuated persons.

Nursing of minor ailments.—Suggestions as to nursing care for evacuated persons other than children were made, and reference was made to the provision of "sick bay" accommodations for children under the earlier evacuation scheme. The provision of "sick bays" for adults was also suggested.

Hospital treatment.—Hospital care of unaccompanied children was to be continued as in the original plan, treatment being provided at hospitals within the emergency hospital scheme. For other evacuated or homeless persons treatment in hospitals was to be provided on the same basis as for normal residents in the area, the cost or part cost being recovered from the Government.

Infectious diseases.—The use of normal isolation-hospital facilities in receiving areas was recommended. If additional accommodations were required, local authorities were advised to submit proposals to the senior regional officer.

Maternity.—By the date of issuance of this circular—November 1940—arrangements for maternity care were in operation on a large scale so far as the London evacuation areas were concerned. Local authorities were informed that these arrangements would continue or be extended as necessary, and that it was anticipated that a large proportion of confinements among evacuated or homeless persons would be dealt with under them. With the issuance of the circular in November, the opportunity was offered to expectant mothers at any stage of pregnancy in the London area and in certain coastal towns to be evacuated to places in reception areas where they had made private arrangements to be received, comparable to the plan for private arrangements for mothers with children. It was anticipated that particularly where such private arrangements were made and the home conditions found to be suitable, the confinements would take place in the billets. If additional accommodation in maternity homes proved to be necessary, local authorities were advised to submit proposals to the regional medical officers for approval. In the event of domiciliary confinement in the billet, a special additional payment of 10s. a week was authorized for the 2 weeks immediately following the confinement, over and above the lodging allowance normally payable to the householder. This arrangement superseded the earlier arrangement authorizing a special payment of 5s. a week.

On December 23, 1940, the London County Council issued a notice [142] to health authorities and a leaflet [143] for expectant mothers explaining again the necessity for registration at a maternity clinic and the conditions of evacuation to the country for care in a maternity home.

Compulsory evacuation of children on basis of medical examination.

On December 19, 1940, Defence Regulation 31 (c) was added to the Defence (General) Regulations 1939. The general purport of the regulation as explained in a circular (2261) [144] of January 8, 1941, was that in any area specified by the Minister of Health the proper authority might require the medical examination of any child in the area who there was reason to suppose was suffering in mind or body as a result of hostile attacks or was in such a state of health as to be likely so to suffer if he remained in that area. The order required a medical examination by a medical practitioner appointed by the authority, and if the physician certified that the child was suffering or likely to suffer in the manner indicated, the authority might give directions for the removal of the child. Provision was made for appeal by the parent or guardian to a court within 7 days.

In an order [145] dated January 6, 1941, the Minister of Health declared the London evacuation area to be an area to which the regulation should apply and specified the proper authorities for the purposes of the regulation to be the local education authority for

school children, and the maternity and child-welfare authority for children under 5.

The Ministry, in its circular (2261) [144] of January 8, 1941, stated:

While the purpose of the regulation is to ensure the evacuation of children who are suffering by being kept in London, it is not contemplated that the authority will have to go to the length of issuing directions for removal except in a minority of cases. The Minister hopes that when the medical practitioner has satisfied himself that the child ought to be removed, it may be possible in many cases to persuade the parent or guardian to agree to evacuation; and facilities should be offered for any mother who so desires to accompany her child if and when the child is deemed suitable for billeting.

Where, however, a direction for removal is found to be necessary, the authority will, of course, bear in mind that the child is being evacuated because he is suffering or likely to suffer in body or mind; and the direction for removal should not be issued in any given case until the authority has made provisional arrangements for the reception of the child in an appropriate place.

The children who may have to be removed will probably fall into two main groups:

1. Children who are in such a condition that they require to be sent to hospitals.

2. Children who do not need hospital treatment and who will perhaps subdivide as follows:

- a. Some may be suitable for specially selected billets or hostels or residential-nursery parties.

- b. Others may be unsuitable for immediate disposal in this way, and it may be necessary to arrange for their temporary treatment and observation in hostels organized for that purpose.

Detailed instructions for carrying out this order were issued by the Ministry of Health [144] and by the London County Council [146] to the local authorities within their jurisdictions, including the divisional medical officers and the district-care organizers. The London County Council issued forms and certificates [146] for the use of physicians who must certify to a child's condition.

In February 1941, the Medical Officer of Health of the London County Council reported that in only a few cases had the compulsory powers been necessary. As a rule, when a mother realized that compulsion would be used, she voluntarily agreed to the evacuation of her child or to going out of the city with him.

Health and Welfare Services Under Evacuation Scheme in London and in Reception Areas

Maternity care.

At the time of the establishment of the Emergency Medical Services in London in 1939, the policy of evacuating women for mater-

nity care to maternity homes in reception areas had already been established. Because the Emergency Medical Services were the responsibility of the Ministry of Health, it was possible to arrange that obstetricians should be assigned for duty at antenatal clinics in London and for emergency work in the metropolitan hospitals. It was possible also to assign others to duty at the maternity homes in the reception areas. Under the Emergency Medical Scheme, the continuation of prenatal clinics in London hospitals was still possible, and the usual scheme of domiciliary care by midwives was of course continued.

In the reception areas maternity care under the regular maternity and child-welfare program was continued. Prenatal care by physicians in local clinics and domiciliary delivery care by midwives were continued as provided by the Midwives Acts. Hospital care, when necessary, was made possible by local public-assistance authorities.

The early decision to evacuate pregnant women as one of the priority classes made it possible to proceed with plans for care of evacuated women long before war was declared. Before the declaration of war, however, insufficiency of funds made it impossible for the Ministry of Health to have equipped and ready for use the necessary number of maternity homes and hostels. The selection of suitable premises, their alteration to meet the needs of a maternity home, their equipment and staffing, inevitably took time. On the other hand, the expense involved in holding such places in readiness for occupation over long periods of time had to be considered. After experience for a year and a half with providing care of this sort, it was the opinion of the medical officers of the Ministry of Health that a way should have been found to have more maternity homes in complete readiness at the time when the order for evacuation was given. Confinements in billets did not prove to be the best arrangement. There were not enough beds in hospitals in the reception areas to handle the required number of obstetric patients from the cities.

It was not the intention of the Ministry to provide country maternity homes for the deliveries of all London women, an annual total in 1938 of 56,206. Evacuation was on a voluntary basis, and except for the first 3 months after war was declared in September 1939 the demand for care in these country maternity homes was relatively small. It was large enough, however, to make it possible for the Ministry to organize and perfect plans for care. The demand in September 1939 gave the medical officers some idea of how large the demand would be when bombing started, but the subsequent decrease in demand made it difficult to obtain funds to equip and hold

an adequate number of maternity homes to meet a repetition of the 1939 experience.

After the capitulation of France in June 1940 there was some increase in the number of pregnant women registered for evacuation. When bombing started, in September 1940, however, the number rose rapidly until in the last 5 weeks of the calendar year 1940 only 27 percent of the normal number of deliveries took place in the administrative county of London (using 1938 figures for the same period as the base). Comparison may also be made with the same 5 weeks' period of 1939, when the number of deliveries in the city was 60 percent of the 1938 total. The increase in the number of deliveries of evacuated women in the autumn of 1939 lasted only a short time. By the first quarter of 1940 the number of deliveries in London was 82 percent of the number in the comparable period in 1938, and in the second quarter of the year it had risen to 95 percent. The total figures for these periods, as submitted by the Ministry of Health in April 1941, are as follows:

Statement of Births (Live and Still) Obtained From the Registrar General's Returns

	Live	Still	Total
Number of births in the administrative county of London during—			
(1) 1938.....	54, 495	1, 711	56, 206
(2) 1940 ¹	(Figures not yet available. ¹)		
(3) Four weeks: 1938			
Sept. 4–Oct. 1.....	4, 630	149	4, 779
Oct. 2–Oct. 29.....	4, 799	149	4, 948
Oct. 30–Nov. 26.....	4, 851	145	4, 996
Five weeks:			
Nov. 27–Dec. 31.....	5, 161	152	5, 313
Four weeks: 1939			
Sept. 3–Sept. 30.....	3, 528	89	3, 617
Oct. 1–Oct. 28.....	2, 703	68	2, 771
Oct. 29–Nov. 25.....	2, 825	99	2, 924
Five weeks:			
Nov. 26–Dec. 30.....	3, 079	135	3, 214
Four weeks: 1940			
Sept. 1–Sept. 28.....	3, 102	82	3, 184
Sept. 29–Oct. 26.....	2, 729	68	2, 797
Oct. 27–Nov. 23.....	1, 612	68	1, 680
Five weeks:			
Nov. 24–Dec. 28.....	1, 402	49	1, 451

¹ As the total 1940 figures are not yet available a comparative statement with the first two quarters of 1938 is given as follows:

	Live	Still	Total
1938			
Jan. 2–Apr. 2.....	14, 258	523	14, 781
Apr. 3–June 30.....	14, 077	603	14, 680
1940			
Jan. 1–Mar. 31.....	11, 750	389	12, 139
Apr. 1–June 30.....	13, 505	452	13, 957

Emergency Maternity Homes

	England	Wales	Total
Number of confinements which took place in emergency maternity homes from Jan. 1, 1940, to Dec. 28, 1940-----	10, 399	105	10, 504

This was the only method available of giving the number of confinements in the London area for the various periods specified. They may not be quite complete.

Data on the number of deliveries of evacuated city women in billets were not available. In the calendar year 1940, 10,504 deliveries took place in emergency maternity homes, the majority in the last 4 months of the year. Maternity homes now provide some 3,300 beds to accommodate some 90,000 patients a year if run to capacity.

The maternal mortality rate (provisional) for 1939, which included 4 months of evacuation, was 2.8 per 1,000 total births, a slightly lower rate than that for 1938. The figures for 1940 are not yet available.² The number of deaths in maternity homes has been very small. Complicated cases have been sent to hospitals, but the records so far available do not indicate any increase in the mortality rate.

a. Administrative arrangements.

In Memo. Ev. 5 [45] the Ministry of Health discussed in detail the billeting of pregnant women, the provision of antenatal care, arrangements for confinement in maternity homes or hospitals, and the requisition and equipment of houses suitable for maternity homes, and pointed out that the availability of suitable hospitals for maternity care in a reception area should be considered in selecting the districts in which pregnant women should be billeted and in selecting premises for maternity homes.

Though the local receiving authorities had administrative responsibility for the establishment of antenatal hostels and maternity homes or the selection of billets for expectant mothers or mothers and newborn babies, the Maternity and Child Welfare Division of the Ministry of Health assumed responsibility for establishment of standards of care and equipment, approval of all premises selected for maternity care whether antenatal or postnatal or delivery care, and for the maintenance of standards of selection of personnel. The success of the maternity program for evacuated women is largely due to this provision.

In carrying out this supervisory function the Maternity and Child Welfare Division increased its staff of medical officers of health, trained in obstetrics and pediatrics, and of women inspectors until there was one in each administrative region (several counties). These

² Since the report went to press it has been learned that the maternal mortality rate for 1940 is lower than that for 1939, though exact figures are still not available.

medical officers were stationed in their respective regions and were responsible administratively to the senior regional medical officer of health, though functionally to the director of the Maternity and Child Welfare Division at the Ministry in London.

In September 1939 the Ministry of Health pointed out in a circular (G. E. S. 36 [147]) to local authorities the necessity of having all maternity work in reception areas under the clinical supervision of an obstetric specialist who should be in charge of any maternity units that were established for complicated cases. It was stated that additional obstetric consultants should be employed and paid on the Emergency Medical Services scale. The local authority was not expected to bear the cost of these extra salaries. The circular also pointed out that medical officers with sound obstetric experience should act as residents in the larger maternity homes and assist the specialists in other ways. The local authorities were requested to submit to the Ministry at once proposals outlining their schemes for this specialist care, including complete details of duties, time schedules, and regions to be served by each specialist employed. Joint appointments by two or more local authorities were permitted. The salary scale was as follows:

Whole-time obstetric specialists (nonresident), £1,300 a year with appropriate reductions for part time.

Obstetric officers acting as residents in maternity homes or hospital units for complicated cases, £550 a year (later increased to £800).

In the preparatory period local authorities were requested to submit to the Ministry proposals upon which detailed plans could be worked out. The Ministry issued two schedules, one [148] for evacuation areas and one [149] for reception areas, outlining by a series of questions information necessary for the area officials when approving a plan for maternity care and for the Ministry in its function of coordinator between the two types of areas. The Ministry also issued a very detailed schedule [150] to be filled out by a local authority when selecting a country residence or other institution to be converted into a maternity home. Included in this schedule were items on physical and sanitary equipment, on space for patient accommodation, including labor wards, lying in wards, bath facilities, and separate accommodations for patients with rise of temperature, on sterilizing arrangements, on domestic arrangements, on necessary adaptations and fittings, on equipment and furniture, on affiliated hospitals for complicated cases, on transport facilities, and on staff, administrative medical officer, consultant obstetrician, clinical medical officers, and midwives. The standard of one midwife for two patients was set up as the ideal, and the suggestion was made that for matron (head nurse and midwife) persons might be made available from maternity departments of hospitals in evacuation areas. The Minis-

try through its regional offices sends inspectors (medical and nursing) to make certain that the premises proposed for a maternity home are suitable and that the staff and equipment are adequate. Similar review and inspection are made of premises to be used as hostels for antenatal or postnatal care.

b. Antenatal care.

Antenatal care up to the last month of pregnancy was given as a rule in the evacuation areas by physicians in the antenatal clinics in hospitals under the local maternity program. Pregnant women who wished to be evacuated for delivery care were expected to register well in advance at the antenatal clinic where up-to-the-minute records were kept of those whose confinements were expected during the coming month. At the time of the first evacuation in September 1939 these women were listed as "imminent" cases and were sent out by bus in parties with a midwife; women whose confinements were not due for over 1 month were listed as "early" and, if they desired to go out, were sent by train with parties of children. Until bombing started it was difficult to get pregnant women to register for evacuation, partly because they wanted, if possible, to remain under the care of the hospital with which they were familiar and partly because there seemed to be no greater danger in London than elsewhere and they were unwilling to leave their homes and their husbands until the last minute. After bombing started, these objections no longer held.

Arrangements for the care of pregnant women in the reception areas were as follows: During the first evacuation pregnant women were billeted in private households and expected to provide their own meals, the Government paying the householder a lodging allowance only, 5s. a week. Billets were selected because they were near a maternity home or hospital, or because the householder was willing to have the delivery take place in her house. In this latter case the householder received an additional allowance of 5s. a week for the 2 weeks after confinement. Transportation to the maternity home was arranged by the local authorities, usually by volunteers.

Some women in the last month of pregnancy were admitted directly to maternity homes to await delivery there. This was customary if the woman showed any unusual symptoms on arrival in the reception area.

A record of previous care in the evacuation area was supposed to be sent out with every pregnant woman, and in every case at least a summary of care was sent. On the woman's arrival, the record was given to the local maternity and child-welfare authority, which took over the responsibility for care. If a woman was to be admitted to a maternity home for delivery, a prenatal examination and further supervision were usually given by the physician and midwives responsible for the maternity home. These antenatal examinations might be

given at a clinic set up in the maternity home or in the community. If the delivery was to be in the billet, the prenatal care was made the responsibility of the local qualified midwife who, as was the custom, called in a physician if she saw need for one. In crowded reception areas midwives were often lent by the evacuating authority to the receiving authority to assist with care.

After the experience acquired in the autumn of 1939, it became apparent that it was more satisfactory to place women who were in the last month of pregnancy in antenatal hostels situated near the maternity homes, there to await transfer to the maternity homes at the onset of labor. During the summer of 1940 and after bombing started, many local authorities undertook to provide such antenatal hostels. The improvement in the whole scheme was at once apparent, and the Ministry of Health encouraged their establishment in conjunction with each maternity home or hospital. Beds in maternity homes occupied by waiting women were thereby released, and a larger number of deliveries could be handled in each home.

Each antenatal hostel was in the charge of a competent matron, and a considerable amount of the work about the house was done by the pregnant women themselves. As a rule a cook was provided, but the housework was handled by the women.

The plan for antenatal care in hostels has now been tried long enough to be shown to be satisfactory, and it is being adopted as fast as suitable houses can be found or requisitioned for the purpose.

c. Delivery and postnatal care.

In general, delivery care for women remaining in the evacuation areas was given at home by local midwives or physicians. Immediately after the setting up of the Emergency Medical Services scheme in London in September 1939, only complicated and emergency obstetric cases were admitted to the hospitals in the metropolitan district. This was followed by a period when there was some relaxation of this policy and women were again admitted more freely to local hospitals. After bombing started, arrangements were made between many London hospitals and the Ministry of Health to set aside in a nearby county one maternity home for each hospital, so that women accustomed to care in a certain hospital might continue to have care by the staff of that hospital even though evacuated. This arrangement also proved to be satisfactory for the teaching hospitals, which had found great difficulty in continuing satisfactory arrangements for teaching obstetrics to medical students and midwives. The arrangement usually provided for requisition and alteration of premises by the Ministry of Health through its regional staff and for equipment and staffing by the London hospital. As a rule the London hospital transferred to the maternity home the chief

matron, midwives, and resident physicians and all such equipment as labor-room furnishings and supplies and ward equipment.

Maternity homes.—In February 1941 it was reported that approximately 120 so-called “improvised maternity homes” had been established by local authorities but under the supervision of the regional officers of the Ministry of Health. Of these, 90 were in active use; 30 were held in reserve. High standards of care were established by the Ministry early in 1939, and in 1941 they were being stringently enforced and strengthened. Each active maternity home was staffed with competent midwives in whose selection the Central Midwives Board assisted, with house physicians selected by the local maternity and child-welfare authority according to qualifications set up by the Ministry, and with an attending consulting obstetrician, who frequently was one of the consulting specialists for the county child-welfare authority.

Great care has been taken in the selection of the houses to be used for maternity homes of this sort. As a rule they have been large country places, equipped with gas and electricity, with many rooms which could be adapted fairly readily to use as small wards, delivery rooms, labor rooms, nursery, and so forth. It has been necessary to provide quarters for the staff and facilities for isolating infected patients. Occasionally a house not supplied with gas and electricity has been selected but only if proper arrangements could be made for sterilizing instruments and supplies by the use of oil or coal stoves.

The maternity homes accommodated from 25 to 60 patients each. For a home with 40 or more beds the local authority was required to appoint a resident obstetrician, and if a home was equipped to take complicated cases and operative cases a resident obstetrician of recognized experience was required. In some cases the chief consulting obstetrician for an area (sometimes a county) had taken up residence at such a special maternity home. One such home was visited where essentially all cases admitted were operative or complicated. The resident staff all came from a teaching hospital in London, and the consultant obstetrician in residence was a well-known specialist in obstetrics who was employed on a full-time basis by the local authority. Also on the resident staff of this maternity home were two other competent obstetricians and a corps of well-trained midwives who gave the nursing care. The chief consultant in this case was also responsible for the quality of obstetric care given in 25 other maternity homes situated in the county and for the transfer of all complicated cases from antenatal hostels or billets to the special maternity homes.

As a rule women were kept in the maternity homes 14 days after delivery. Separate isolation quarters and staffs were provided for

febrile cases in all homes. Nurseries were provided for the care of the infants. Pediatricians could be obtained by special call but did not attend as a regular thing. Infants were supervised largely by the midwives, but medical advice was available from the resident physicians as needed. No special quarters or equipment for premature babies was required. Some of the homes made special efforts to keep premature infants in warmer rooms, and special arrangements for warming the beds were made, depending on the experience of the matrons. The infants were largely breast-fed.

Postnatal hostels.—On discharge from the maternity home or hospital the mothers and infants were originally sent back to the billet from which they had come or to another billet. This arrangement was not very satisfactory because often the mother was not strong enough to take care of herself and her infant and provide her own meals. The result was that many mothers preferred to return at once to the city where they could count on the familiar help from husband, relatives, and neighbors. The desirability of establishing postnatal hostels to which mothers could go for 2 to 4 weeks of convalescent care was soon apparent, and the Ministry of Health encouraged the local authorities to provide them. After such a period of convalescent care mothers were much more willing to remain in the country in a billet. This was especially true after bombing started.

d. Comment.

The plan for the evacuation of women for maternity care has been well developed and has been a success. It was based upon the existing Nation-wide domiciliary and hospital scheme for maternity care by midwives aided by physicians and was expanded by the addition of many maternity homes. The domiciliary care, common for residents of a community, was continued in evacuation areas but did not prove satisfactory for evacuated women in reception areas. The establishment of well-equipped and well-staffed maternity homes has been a satisfactory substitute for hospital care, especially for uncomplicated cases. The arrangement by which a local authority provided antenatal hostel, maternity home, postnatal hostel, all accessible to a hospital with a maternity service, proved to be the best general plan. When obstetric staff could be transferred from a teaching hospital, the most satisfactory type of arrangements, even for operative cases, could be made in these improvised maternity homes. It was the opinion of many that a considerable number of the maternity homes might become a part of the regular maternity-care scheme in peacetime. The reduction in the maternal mortality rate in 1939 and 1940 is obvious evidence of the high quality of care rendered.

Children under 5.

Under the Government Evacuation Scheme provision for children under 5 years of age was made in three ways:

- a.* In billets in reception areas with their mothers.
- b.* In nursery parties accommodated in large country houses.
- c.* Under private arrangements with or without their mothers in the charge of friends or relatives to whom the Government paid an allowance.

In addition to those evacuated under the Government scheme, many children were sent out wholly under private arrangement.

a. Billeting.

Billeting mothers and children under 5 with householders did not prove to be very successful in the autumn of 1939. The difficulties that arose have been discussed; they were due largely to the difference in housekeeping customs of the country and city women, to many minor points of incompatibility, and to lack of community facilities which would take the visiting mother out of the household for a period of time each day. The insufficient number of health visitors and the almost complete absence of social workers meant that many maladjustments which could have been straightened out by a trained worker resulted in the return of the evacuated mothers to London.

A more successful plan for the accommodation of mothers and young children was that of placing one or more, sometimes as many as 10, families in a large house together, giving each mother her own quarters for sleeping and light housekeeping. This arrangement proved even more successful than that in which a communal kitchen was provided for the group.

The later development of community social centers, laundries, and nursery centers did much to remove many points of friction and gave opportunities for mixing of the newcomers with the former residents on common ground. The increase in the number of health visitors and the appointment of welfare officers has helped materially, especially since September 1940. It is the present policy of the Government to encourage the absorption of newcomers into the life of the reception-area communities as fast as possible.

b. Nursery parties in residential nurseries.

It has already been pointed out that it was the policy of the Government to evacuate nursery schools, day nurseries, or residential nurseries from the evacuation areas and that until 1940, except for inspection for sanitation and communicable-disease control, essentially full re-

sponsibility for these institutions in their new environment was left to the private organizations or the local authorities originally responsible for the institutions in the evacuation areas. That 149 residential nurseries were established in 1939 and 61 others set up in 1940 has already been pointed out, and the problem of control of infectious diarrhea has been referred to (see p. 21).

Personnel.—One of the outstanding problems in the early organization of these nurseries was the adaptation to a 24-hour basis of institutions ordinarily run on a day basis only, such as nurseries and nursery schools. The workers transferred from the city to the new institution often had had no experience of this sort. There was no uniformity in the kind of person placed in charge. Sometimes it was a matron from a day nursery who may or may not have been a State-registered nurse; sometimes it was a nursery-school teacher. The staff assigned to the task of 24-hour care was usually too small, and the type of personnel was often not adapted to the particular job. The use of child-care reserves (see p. 119) proved to be of very great assistance to the nurseries, for these workers could be assigned to the routine daily care. So-called “nursery nurses” or “Truby King” nurses trained for general care of children also proved to be helpful.

Experience gradually showed that it was essential to have three or four kinds of workers in each institution for young children. It was generally believed that because of the over-all importance of the health problems the person in charge should preferably be a State-registered nurse who had had adequate experience in care of children in a hospital or institution for children. Assistance on the domestic side of the management of the nursery was essential, and, for this, nursery nurses and child-care reservists, as well as cooks, were needed. The need for assistance with play and routine occupation soon showed the importance of organizing the nursery-school type of classes in each of the nurseries under the charge of nursery-school teachers. In this phase of the work child-care reservists also were proving useful.

It was, of course, recognized that variations in such a plan for personnel would occur according to the individual situation. The benefits which accrued to the different types of institutions when a full staff of workers was introduced were frequently remarked on by workers interviewed. For instance, the introduction of nursery-school teachers and classes into one large residential nursery which before evacuation had been an institution for dependent children under the auspices of the public-assistance authorities in London was an improvement which everyone realized was needed and would become permanent.

Play equipment.—A shortage of play equipment was reported in a good many of these residential nurseries.

Food.—Food, with the exception of a good source of vitamin C, was reasonably satisfactory because of the priority granted children for milk. Fresh vegetables were not too plentiful.

Medical supervision in residential nurseries.—Medical supervision of the children in the residential nurseries was given by local practicing physicians who visited the institutions daily and gave routine care to sick children. The county maternity and child-welfare authorities were asked to assume administrative and medical supervision of the nurseries. Milk was pasteurized or boiled. Isolation facilities of some sort were provided but the staff was not always adequate for this purpose. The Ministry of Health was making an effort to bring about necessary changes in this respect. The need for child-guidance work among the children in these nurseries was recognized.

The increased responsibility assumed for these nurseries by the Government early in 1940 is proving to be an advantage. Regulation of numbers of children, and so of crowding, of facilities and sleeping quarters, of personnel and sanitation, is bringing about improvements. It is the policy of the Government to encourage the introduction of nursery-school classes.

c. Private arrangements.

In addition to billeting of children with their mothers and placement in residential nurseries, private arrangements for care of young children with friends or relatives in reception areas have been common, though the extent is not known. Since bombing started, the Government has permitted the payment of lodging or boarding allowances for children thus placed. Local authorities and voluntary workers know of this latter group, since they are listed for allowances, and give aid in their adjustment to their new environment if desired. The child-welfare clinics and other services are open for all children whose parents or foster parents wish to make use of them.

School children.

In 1939, plans for school children provided for their evacuation in school parties unaccompanied by their mothers. This plan had certain great advantages. Large groups of children could be easily registered and assembled, placed in charge of their teachers, and transported as units to areas where they could be kept together for educational purposes. Many parents were willing to have children of school age evacuated in school parties, when it would not have been possible for them to accompany the children themselves. The plan had the obvious disadvantage of breaking up the family.

To have dealt with the same number of children in family groups during the first large evacuation would have been many times more

difficult, and the arrangements for schooling would have been delayed even more than they were under the existing scheme. After bombing started and the plan for the trickle evacuation had been well established, the decision was made to allow mothers to take children of school age as well as younger ones with them into the reception areas. This meant assignment of children of school age to school parties in the area to which the family had been sent and not necessarily to their own school party. On the whole, mothers are more satisfied when they have all their children with them in one place. Some effort had been made by mothers to find billets for themselves and their younger children in the village or town where their children of school age had been billeted.

a. Billeting.

It has been pointed out that school children were largely billeted in private households. In a great majority of cases children were billeted only in houses where the householder had expressed voluntarily a willingness to take a child. Though the local authorities had powers under the Ministry's regulations to require householders to take children, this compulsion was rarely used. Obviously it was not for the best welfare of a child to be billeted where he was not wanted. In some cases compulsory powers had to be used to force owners of large estates and houses to make quarters available to the authorities. In these cases mothers and children rather than school children alone were billeted.

The householder receiving unaccompanied school children was responsible for their complete care. Some assistance was given by "helpers" who were sent out from London with the school parties. These helpers were untrained persons who had volunteered to assist if paid a small wage and given their keep. Their duties were to help the teachers keep track of the children, visit them in their billets, assist the householders in mending the children's clothes, and in some cases take charge of a group of three or four difficult children in a separate house. Such helpers were of great assistance in the reception areas. Often they were older women whose own children had grown up and who were anxious to be of use in the evacuation scheme. Sometimes they were volunteers who had had long experience in the child-care-committee work in the London schools. They were billeted for board and lodging, 21s. a week being paid to the householder; some of them were also given an additional wage up to 19s. a week.

The organization of recreation centers or other community services for children in billets, such as school meals, will be referred to later (see pp. 121 and 124).

b. Hostels.

When a large number of unselected children are suddenly billeted on private families in any community, it is obvious that there would be a certain proportion of misfits and some turn-over would necessarily result. Experience has shown that provision for interim care between assignments to billets must be provided for approximately 5 percent of the total number of children due to be received in an area. Experience has shown also that a number of types of hostels are necessary and that a group of communities, perhaps a whole county, should plan for such hostel care so as to make the best use of available premises and, what is more important, of trained personnel to manage the hostel.

The need for trained welfare workers and child-guidance experts, including psychiatrists, as well as social workers and psychologists, in connection with the management of these hostels and the care of the children has gradually been recognized. This will be referred to later, but it may be pointed out here that the increasing demand on the part of local health authorities and volunteer workers for such workers to give guidance to the program is being only partially met, because of the lack of trained personnel.

At the beginning of the evacuation in September 1939 the importance of hostels was not fully appreciated. As a rule one or more hostels were available in each community, though certain communities were provided for more satisfactorily than others. The special function at different hostels was not well defined. Temporary or "buffer" hostels were established in many of the reception areas soon after the evacuation took place. When a child placed in a billet needed to be removed either for replacement or because some behavior problem had developed, it was often found to be desirable to place him in a hostel for at least a few days. The result was that a great mixture of cases were cared for in these temporary hostels and quite normal children who were there awaiting rebilleting were mixed with children having more or less serious behavior problems, or, in some cases, with children who were suffering from such complaints as scabies. The necessity for having a temporary hostel for normal children and a special hostel for "difficult" children soon became apparent.

The establishment of a "sick bay" was an urgent need in every reception area, since many of the householders who took in unaccompanied school children were not in a position to take care of these children when they were sick or had some minor infectious condition. Local physicians staffed the sick bays and State-registered nurses and auxiliary nursing aids gave the nursing services. The use of local "fever" hospitals for children with the major contagious diseases was recommended by the Ministry of Health.

The cost of these hostels or sick bays was taken care of in the first instance by the local authorities, who were reimbursed by the Government for full cost of care. Many volunteers assisted in the care of children and in giving the domestic help.

It is now recognized that the responsibility for hostels, as for maternity homes, should probably rest with the county authorities, so that hostels of all desirable types could be made available more economically and used by the several local authorities in the area.

A memorandum (Memo. Ev. 8 [105]) issued by the Ministry of Health in February 1940 reviewed in some detail the whole subject of hostels and communal billets and made recommendations with respect to the provision of certain types of hostels by local receiving authorities [25]. The memorandum pointed out the urgent need to provide hostels for—

1. Temporary care of children between assignments to billets.
2. Observation of children who were thought to be unsuitable for billeting in private houses.
3. More or less permanent care of children requiring a greater degree of control and supervision than could usually be given by a private householder (the so-called "hostel for difficult children").
4. Use as sick bays or infirmaries.

The Ministry recommended that whenever the cause which made the child unsuitable for ordinary billeting was of a temporary nature, the stay in the hostel should be as short as possible and the child promptly billeted or rebilleted. The Ministry deprecated the tendency to retain children in hostels and sick bays after they had ceased to need special attention, both for the sake of the child and because of the need for more rapid turn-over in these temporary hostels. The memorandum stated that all cases in which the stay of a normal child in a hostel of this type exceeded 3 weeks should be reported to the senior regional officer of the Ministry of Health.

In the same memorandum the Ministry pointed out that so far as possible each hostel provided by a local authority should be reserved for children belonging to one type, and different types of children should not be collected under the same roof; for instance, children placed in a hostel because they are beyond control in ordinary billets (behavior problems) should not be mixed with those suffering from enuresis. It was suggested that neighboring authorities might agree to reserve hostels for special purposes and arrange for interchange of children requiring special attention.

Later supplementary memorandums [108, 110] issued by the Ministry of Health on the subject of hostels, giving additional suggestions to the local authorities on such matters as selection of children, selection of premises, equipment and domestic arrangements, staff, voluntary help, diet, and the organization of the children's life. At

the same time the Board of Education issued a circular [109] making recommendations with respect to the provision of hostels for school children, particularly older children in need of facilities for homework and private study, such as secondary, junior-technical, and selective central school children. It was suggested that these hostels should be organized along the line of school boarding houses and that only older children of the school should be selected to stay in the hostels. It was recommended that proposals for hostels for evacuated school children should be formulated by local education authorities and that local education authorities in the receiving areas should undertake the conduct of the hostel on behalf of the evacuating authority.

c. School camps.

The Camps Act was passed in April 1939 providing for the construction of 50 vacation camps for city school children. Construction was promptly started under the National Camps Corporation and by May 1940, 31 camps had been built in England and Wales, 5 additional in Scotland. The camps were intended for holiday use and not as boarding schools for year-round occupation. Classroom space was inadequate and part of the dormitory space had to be taken for classes when they were occupied by parties of school children at the time of the evacuation. Furthermore, bathing and toilet facilities were inadequate for all-year use. For the relatively small number of children that could be placed in these camps, the cost of construction and care was high. Problems of adjustment of teachers to the 24-hour responsibility were not always easy to solve.

Health and sanitary provisions required constant supervision. Nurses were employed to be on regular duty at each camp, and physicians attended daily to take care of sick children. Provisions for sick bays were inadequate in the original plans, and frequently part of a dormitory had to be used to supplement the one isolation unit. It was the opinion of many that the camps were not an economical or socially satisfactory way of caring for evacuated children. They were more satisfactory for older school children than for younger ones. In January 1940 the Board of Education issued a circular (1496) [151] giving advice about the use of Government camps for secondary, senior, and selective central schools for evacuated children. It was agreed that as holiday camps for billeted children they would have served an excellent purpose and would have provided the householders with relief which would have been warmly welcomed.

Health and medical services for children.

a. In London.

Children under 5.—When the order for evacuation of children occurred in September 1939, most of the health visitors who were

responsible for the organization and management of child-welfare clinics throughout the various boroughs of London were immediately assigned to first-aid posts, rest shelters, and other emergency services for duty under the Emergency Medical Services of the A. R. P. This meant the closing of practically all child-welfare clinics in the London boroughs and an immediate cessation of nearly all health services for children under 5. It was soon apparent that a large number of children under 5 still remained in the city and were without the usual child-welfare-clinic service. Reestablishment of the service was started fairly promptly, however, after the first general evacuation, but it was not for several months that many of the child-welfare clinics were again in operation, usually in first-aid posts to which the health visitors were attached. This plan of associating the child-welfare clinic and first-aid post has worked fairly satisfactorily and has made it possible for the health visitors to carry on some of their child-welfare work as well as to be on call for emergency duty in the first-aid post. This dual function, however, has limited to a considerable extent the service rendered by the health visitor to mothers in their homes and is deprecated by many of the child-welfare authorities. The assignment of health visitors to emergency service in London has meant also that fewer were available for assignment to aid in the receiving areas. It was current opinion that health visitors should not have been assigned to first-aid or A. R. P. work.

School children.—The abandonment of the school medical services in London at the time of the first evacuation, their reestablishment, and the inauguration of the complete medical examination and follow-up treatment of children before evacuation have been described. With the increase in the number of children evacuated in June 1940 and again after bombing began in September 1940, the problem of the London school authorities decreased. It continued to be essential, however, to provide sufficient school treatment clinics as well as examination services in the schools to give constant supervision to all children remaining in the county. By February 1941 many of the school physicians and nurses had been lent by the London school authorities to the local education authorities in reception areas. All children leaving the city under the trickle evacuation scheme then in force were examined carefully, given treatment for any infectious conditions, and cleaned up before being assembled for evacuation. A final inspection on the morning of evacuation was for the purpose of discovering any recontamination with scabies or pediculosis since the last examination. School nurses were giving constant supervision.

A sufficient number of child-care workers had been retained in London to give follow-up service in each of the major divisions of the county. These workers were divided into two groups—those serving directly from the schools under the Education Officer's Department

and those serving from the school treatment clinics. The former performed work similar to that of child-welfare workers in the United States; the latter, work more like that of a medical-social worker, though only part of the staff had had "almoners" training.

The close cooperation between the maternity and child-welfare services and other public-health services under the jurisdiction of the Ministry of Health and the School Medical Service of the Board of Education, brought about by appointment by the Board of the chief medical officer of the Ministry as chief medical officer of the School Medical Service, has been particularly important in the problem of caring for children in the evacuation areas. In many cases the responsibility for examining children under 5 has been given by the evacuating authority (Education Officer's Department) to the School Medical Service. This has assured a uniform type of examination of all children to be evacuated.

Medical care of sick children.—Medical care of sick children in London after the evacuation became a part of the general plan for Emergency Medical Services. Pediatric out-patient clinic services continued to be available in many of the hospitals in London accustomed to include this service normally. The children's hospitals continued to render out-patient service. Emergency hospital care of sick children was provided through the Emergency Medical Services plan, children being taken into certain specified hospitals in each sector and later transferred to base hospitals in the outer zones of the sectors. A few children's hospitals were established outside the London area where specialized care could be given. Most of the pediatricians were assigned to routine medical service under the Emergency Medical Services, though a limited number were reserved to take charge of the specialized clinic and hospital work. It was found that because pediatricians had been assigned to routine services there was a shortage of pediatricians to assign to child-welfare clinics in London or to care for children in residential nurseries in reception areas outside of London. The assignment of pediatricians to routine Emergency Medical Services was deprecated by many since their assignment to special work for children in the civilian population was greatly needed.

b. In reception areas.

Children under 5.—Child-welfare clinics in the reception areas were opened to mothers with young children from the evacuation areas, who, being accustomed to using this service very fully in the cities, soon crowded the clinics. Local child-welfare authorities were instructed to call on child-welfare authorities in London to help with the assignment of health visitors, but it was several months before any assignments were made. The number of child-welfare clinics had to be increased. In many places it became clear that the quality of

the child-welfare service provided in rural areas was not so high, either in extent or in type of work, as that in the cities from which many of the evacuated mothers had come. Pediatricians were not generally available in rural areas for this work. Many city mothers complained that they could not get the help they needed. This resulted in a gradual improvement in the service offered in the rural areas, though even now the standards in some areas are not up to the city standards.

School children.—School medical service in reception areas, as has been pointed out previously, has had to be strengthened, particularly in the counties receiving great numbers of children. Physicians and school nurses have necessarily been assigned from the evacuated cities. The demand for physicians by the Emergency Medical Services has made it difficult to obtain and retain enough school medical officers to carry on an adequate service. Modifications in the service proposed by the Board of Education have been referred to. All reception areas have some service, however, even though it may not be sufficient to meet the usual standards of the Board of Education.

Medical care of sick children.—Medical care for sick children under 5 years was provided in reception areas by local practicing physicians called by the mother and paid for by the mother directly. If hospital care was needed, arrangements were made by the mother, and again she assumed full financial responsibility when she was able. If she could not pay either for care by a physician or for hospital care, she was instructed to apply to the local public-assistance authorities for help, as would any other resident of the town. If there was an out-patient clinic at a hospital, the mother was of course entitled to use it.

When a school child billeted in an individual household became sick, the householder was authorized by the local reception authority to call a local physician of her own choice to take care of the child. Payment of the physician was made from a local pooled fund provided by the Government at the rate of 10s. per child per year. This fund was provided to pay not only for medical care but also for certain other minor expenses necessary for the welfare of the children.

Hospital care both for school children and for children under 5 was available in or near most localities. As has been pointed out, many local authorities provided a sick bay for children with minor ailments. Children with infectious diseases were sent to general hospitals or fever hospitals in the vicinity.

c. Immunization against diphtheria.

Immunization of children against diphtheria was not carried out as a routine measure prior to evacuation in September 1939, nor was it made compulsory at any time.

In January 1940 the Ministry of Health issued a circular (1903) to local authorities and a revised memorandum on artificial immunity against diphtheria (Memo. 170/Med.). In December 1940 an additional circular [152] was issued by the Ministry approving the provision of local facilities for immunization on the understanding that they should be under the general supervision of the Medical Officer of Health and urging all local authorities to set up intensive programs of immunization. This was followed by active campaigns to immunize children of all ages both in evacuation areas and in reception areas, but special emphasis was placed on the immunization of preschool children. The Central Council for Health Education cooperated in the preparation of pamphlets and posters.

Community services in reception areas.

The responsibility for the development of various community activities to facilitate the adjustment of evacuated mothers and children to their new environment was given to the local reception authorities by the Ministry of Health, and suggestions of types of services that would be helpful were made before evacuation was ordered and were amplified in a number of ways later, as experience indicated need. It was appreciated early that the crowding in small households would often be difficult to manage and that the provision of recreational facilities which would take school children out of their billets for a few hours after school each day would relieve tension considerably. The desirability of providing community social centers for mothers, nursery centers for young children, and other communal services was not greatly appreciated until after the evacuation occurred in September 1939, and few preliminary preparations for services of this sort were made.

a. Local welfare committees and personnel.

In an early memorandum [43] to local authorities, the Government recommended the organization of local welfare committees in reception areas but stated that "the greater part of the work of such a committee would lie among the unaccompanied school children." These committees were formed by the local authorities in many communities. They served the local authorities in advisory capacities and gave leadership in the organization of community activities. The Women's Voluntary Services took an active part in this committee work.

At this time the Government made no recommendation with respect to the employment of trained social workers (child-care workers). Nor did the Government urge that health visitors should take an active part in helping with the adjustment of mothers and young children to their new surroundings. The lack of child-care workers



Civil-defense measures for the protection of children in Great Britain—
Children studying menu at an Oxford communal-feeding center.

Communal rest center conducted by the London County Council.



Communal feeding—"Help win the war on the kitchen front."



Hot meals served at London
communal-feeding center.



Mothers leaving London
communal-feeding center
with hot meals.





Above.—Waiting for a communal kitchen (Bradford) to open at lunchtime.
Menu can be seen on side of hut.

Below.—General view of a communal-feeding center.





Above.—Long Barn, a beautiful fifteenth-century house in Kent, is now a home for 50 bombed London children, all under 5 years of age. Thousands of wealthy homes are ready for adaptation as hostels, under the auspices of local maternity and child welfare authorities, to free mothers for work of vital importance to the national war effort.

Below.—In the beautiful grounds of Holybrook House a day nursery has been established.





Above.—The Castlebar Nursery School, Sydenham, has been evacuated to a beautiful mansion at Marsham-le-Hatch, Ashford, Kent.

Below.—Feeding time at Holybrook House day nursery. Three trainee nurses with their charges.





Fresh country air replaces the danger of bombs in the city—A Shetland pony and a trap provide an outing for evacuee children.

"Under fives" leave London—An ambulance left London this morning for a babies' hostel in the country. These children are from all parts of London and are to be the first occupants of an all-babies home away from the raid areas. Members of the nursing services and the W. V. S. help the toddlers into the ambulance.



Mealtime at an orphanage in a Cambridge mansion—Furniture on a scale to suit its small users.



Crocus time in Devon—
This little lady is far
away from London and
the threat of bombs.



Evacuees at Dartington Hall in Devon—Marion is only three, so she has to be helped over the stile. Marion comes from Southwark.



Evacuees on the way to school in the
primary-school buildings of the
Dartington Hall school, Devon.



Devon beach as a classroom for London children—Evacuated children, many from the congested areas of London, have replaced the holiday crowds on Devon beaches this year. Little evacuees have an interesting lesson on the beach.





Evacuation in Britain—A new life for British children. War has been something of a blessing to these little city children, who have exchanged the dusty playground of the streets for a sunny country bathing pool. In place of a generation of pale little town children, Britain looks forward to a healthier breed, educated in the invigorating surroundings of her open country.

Photographs courtesy of British Ministry of Information.

in the provincial cities may have accounted for this omission so far as social workers were concerned, but lack of workers could not account for the limited use made of health visitors, since in 1939 there were a number of health visitors in every county. The experience of health visitors in administering the child-life protection provisions of the Public Health Act apparently was not taken full advantage of by the local authorities. This may have been wise, however, since health visitors were greatly needed to continue their regular work of giving health supervision to pregnant women and young children.

Welfare officers.—Though the authorities were not aware, at the time the first evacuation took place, of the need to assign child-care workers from London to the reception areas, by October 1939 certain receiving authorities, especially boroughs, had begun to ask for their help. Because of the urgency of the requests the London Education Officer's Department agreed to lend on a temporary basis 47 of these workers to reception authorities. In spite of almost immediate evidence that their assistance was of the greatest help in organizing the communities to absorb the newcomers, most of these workers were returned to London before the end of December.

It was not until October 1940 that employment of welfare workers was recommended [140] by the Ministry of Health. Before this time the Ministry had begun to add "welfare officers" to its own regional staff, and during the autumn and early winter of 1940 a number of child-care workers were released by the London Education Department and assigned on a long-time basis to health offices in the reception counties.

Because there were so few of these welfare officers, their work necessarily had to be largely advisory and organizational in character. The long experience which these workers had had in London as organizers of volunteer committees and supervisors of volunteer case workers was a great advantage to them in helping volunteers in the reception areas to do a better job of community planning and individual case work. In February 1941 these welfare officers had proved their worth, and it was agreed that they should become part of the permanent staff of the health departments in many counties or county boroughs. The demand for these workers exceeded the supply, and the need for training additional social workers was repeatedly pointed out.

In February 1941 the Ministry of Health appointed a chief welfare officer to its London central administrative staff.

Child-guidance workers.—Some description of the place of child-guidance workers has already been given (see p. 27). In February 1941 there was unquestionably a great need for expansion of the

whole child-guidance program. Many of the psychiatrists who customarily served the child-guidance clinics had been called into the military service. Occasional consultations were being held, but in some of the clinics psychiatric social workers and psychologists were having to function largely without the regular advice of a psychiatrist. For instance, in Huntington there was no organized clinic. An educational psychologist had been working in the area for 15 months since the first evacuation but was able to have consultation service from a psychiatrist only every 2 to 4 weeks.

The London Child-Guidance Clinic, with complete staff, had been evacuated to Oxford to serve the very large group of children billeted in that city. The Oxford clinic was continuing to function largely for residents, though plans were on foot to have each clinic serve some residents and some evacuated children. Each of these clinics was fortunate in having a psychiatrist on regular service. One was an Army psychiatrist assigned to a hospital in Oxford, the other was a woman. The need for training additional child-guidance workers has been pointed out.

Health visitors, district nurses, school nurses, and midwives.—Though health visitors, district nurses, school nurses, and midwives had been assigned by evacuation authorities to reception areas, there were not enough of any in the reception areas. The evacuation authorities were obliged to keep enough health workers in the cities to meet emergencies and provide for the people who had to remain in the city or who desired to do so. As it was, until bombing started and a larger proportion of pregnant women were evacuated, there were too few midwives in London to care for the increased number of domiciliary deliveries. As has been pointed out, many health visitors and school nurses were at first assigned to Emergency Medical Services duty and later released, though in some cases not entirely, to return to their regular work. The number of school nurses assigned to reception areas did not meet the needs. Likewise, the number of district nurses in the reception counties was not sufficient to carry the additional load of caring for evacuated children and pregnant women. Assignment of district nurses who were also midwives from London to reception areas proved helpful, but not enough were assigned to assure the usual quality of service. Assistance of nursing auxiliaries was helpful chiefly in institutional care, as in sick bays and local hospitals.

School physicians, child-welfare physicians, and dentists.—As in all other classes of health or social work, there was a shortage in medical and dental service in reception areas. Local school physicians were given the responsibility for medical service to all the evacuated school children. Assignments of school physicians on a full-time basis from London relieved the situation in some places, but in

many there continued to be a shortage, and the quality and quantity of service given necessarily suffered. The same situation held for physicians carrying the child-health work, and for dentists.

Helpers, child-care reservists, and others.—The Government early recommended the employment of “helpers” for a number of kinds of jobs. The evacuating authorities were advised to employ such workers to accompany school parties and assist the teachers after arrival in the reception areas in general supervision of the school children. The type of work done by these helpers has already been described. That they were invaluable in helping with the school children was repeatedly reported by officials and volunteer organizers alike.

The receiving authorities were also advised to employ “helpers” to assist in the residential nurseries or other residential homes for children. The workers in residential nurseries were, in many cases, women who had taken a special course of training in child care and were known as child-care reservists.⁵ They, like the helpers for

⁵ CHILD-CARE RESERVE.—In 1939 a short emergency course of instruction in child care for volunteers was started by the Women's Voluntary Services. It was clear at that time that a large number of women would be needed to help with the children in evacuated nurseries and as escorts for other groups of children. It was assumed that some preparation of these volunteers for their responsibility in caring for young children was required.

The first series of lectures included an introductory course of six lectures and supplementary courses on child welfare comprising six lectures on infant care and six lectures on the toddler. This course was entirely a voluntary effort and was financed out of private funds. About 300 women were trained and all were immediately absorbed in positions. The course was not sufficiently well established to be maintained after the outbreak of war in September 1939.

In June 1940 the Women's Voluntary Services suggested to the chairman of the National Council for Maternity and Child Welfare that the work should be taken over by that Council. Not only had training of women to care for children become essential, but it was felt that it should go further than the emergency course which the W. V. S. had arranged previously. In June 1940 the National Council for Maternity and Child Welfare set up a special Child Care Reserve Committee and inaugurated a new course of instruction. An announcement [152a] of the child-care reserve put out by the National Council for Maternity and Child Welfare pointed out that it was being organized in order to have ready a body of women between the ages of 18 and 55 who after a course of instruction would be prepared, when called upon, to assist those responsible for the care of little children in wartime. The announcement stated that those on the reserve might be required as—

1. “Children's wardens” of nursery centers.
2. Assistants in evacuated nurseries (resident).
3. Assistants in any work for children according to local needs, such as wartime assistants to help in the care of lost children in the grave emergency.

The course of instruction consisted of 12 lectures accompanied by a practical demonstration, over a period of 2 weeks. The course was given in accordance with a syllabus approved by the Ministry of Health and the Board of Education. At the completion of the course there was an examination. Successful candidates were required to attend for at least 50 hours' practical instruction at a recognized institution. It was contemplated under the plan that child-care reservists employed on full time would be paid at the general rate laid down for Women's Civil Defence volunteers—that is, £2 a week, non-resident. About 3,000 women registered for the course in London. Several hundred took the course before September 1940, when bombing began. These reservists were quickly absorbed in the nursery program. After the onset of bombing, the courses in London were discontinued. However, they were started in the provinces in seven areas. Through these regional courses, it is hoped, a large number of additional child-care reservists will be trained.

school parties, were usually volunteers who, in return for board and room, or in some cases a small wage—up to 19s. a week—were willing to give full time to the work.

In other residential homes, such as hostels, workers might or might not have had training. Most of them were local volunteers or local women employed as regular staff. In staffing the hostels for difficult children special effort was made to employ workers who had had experience in institutional care, especially in “approved homes” for delinquent children. Usually not more than one such experienced worker could be obtained for each hostel.

Volunteers.—Though the local receiving authorities were primarily responsible for the organization of community activities, the task of developing services was turned over largely to local volunteers. The great service rendered by volunteer organizations of women in every phase of the program of care of children in the reception areas cannot be stressed too much. That most of them were not trained for the tasks undertaken made the tasks all the more difficult. Few had had any training in social work or in the psychological aspects of behavior problems. The scarcity of trained social workers and child-guidance workers to give leadership and support to the volunteers was the weakest point in the program. The volunteer workers were the first to say that they needed guidance and help of this sort and often were responsible for the appointment of such workers. One volunteer organizer in charge of evacuated children in a medium-sized city stated that “too little attention has been paid by the Ministry of Health to the importance of securing an adequate supply of trained social workers and others with practical experience of case work to undertake the work of billeting and the subsequent visiting. Wherever practicable, and certainly in all urban areas where a paid billeting staff is appointed, a proportion of them should be trained and experienced case workers” [153].

Advisory service from the London headquarters of the Women’s Voluntary Services was frequently the only way in which, at the start, concrete help was given to local volunteer workers. The leaflets already referred to and the bulletins on communal feeding supplemented in a most practical manner information sent from the Ministries. It was members of the Women’s Voluntary Services who were called on by the local authorities to be responsible for billeting and supervision of the children, to organize community social centers for mothers, nursery centers, hostels for older children, community laundries, and communal-feeding centers, and to assist with the establishment of residential nurseries and maternity homes. A description of the organization of the Women’s Voluntary Services and of how they participated in the evacuation plan will be found in an appendix to this report.

It is a real credit to the volunteers that they were able to turn to and put over the enormous task of billeting, visiting, supervising, and organizing the many activities which were suddenly thrust upon them when evacuation started. That this had to be done without assistance from trained social workers was inherent in the British system of welfare work with its consequent lack of sufficient trained workers. Because it was well executed from an administrative point of view does not mean that, if possible, it would not have been better to have the whole organization under trained social workers, directing and supervising the volunteers and giving direct case-work service as needed.

The community activities most commonly found now in reception areas have been referred to frequently in this report and, in respect to most, little more needs to be added. Some special points, however, may be brought out here.

b. Communal-feeding centers and school meals. (See also p. 12.)

In reception areas communal-feeding centers in many instances developed out of the preexisting school-meal program. Extension of school meals to provide for mothers and young children before or after school children were fed, or even at the same time, was relatively easy. Systems of school meals had been organized by about 60 percent of the local education authorities under the powers conferred on them by the Education Act of 1921. Free meals were provided by 50 percent of the authorities.

On November 21, 1939, the Board of Education issued a circular (1484) [154] to all local education authorities in receiving areas, urging that they establish communal-feeding centers as soon as possible, in collaboration with the local receiving authorities and voluntary bodies. In view of the experience of local education authorities in dealing with the provision of meals for school children, and the fact that provision for evacuated children would in some cases be made by an extension of existing school canteens, the Board of Education and the Ministry of Health agreed that the organization of communal meals should be undertaken by the local education authorities and not by the local receiving authorities as was originally recommended [43] in May 1939. The local authorities in rural areas were especially urged to provide school canteens for resident and evacuated children. Where school premises were not suitable for the establishment of a school canteen, the local education authority was advised to find accommodation outside, for which payment could be made.

With regard to financing of communal-feeding arrangements, the circular pointed out that the cost of equipment, service, slight alterations in existing buildings, and other overhead charges would be

regarded as evacuation expenditure to be met by the Government. The price to be paid for the meal was to be fixed to cover the cost of food. Householders were to pay the cost of meals for evacuated school children out of their billeting allowance. This, in a good many cases, kept the child from participating in the hot meal at school, since the householder found the expenditure to be a relatively large amount of the total weekly allowance. This was one of the reasons why the billeting allowances for older children were increased in May 1940 (see p. 81).

Parents of local school children were allowed to take advantage of the communal-feeding scheme, and the normal arrangements for financing school canteens were to apply. Parents who were able to pay for the meals were charged the cost price, whereas the local education authority paid for meals for necessitous undernourished children.

It was recommended that where accommodations were sufficient, evacuated mothers and children under 5 should be allowed to attend on payment of the gross cost of the meal, but the education authorities were not permitted to provide separate canteens for mothers and young children.

Various publications of the Board of Education may be referred to. Three bulletins in the series on "The Schools in Wartime" deal with food: No. 3, "Canteen Meals for School Children" [18], No. 15, "Food: How the Teachers Can Help the Nation" [155], and No. 19, "Food" [156].

In addition, in connection with its food-education campaign initiated before the outbreak of war, the Board of Education issued in 1940 pamphlets "Salads and Vegetables" [157], "Milk" [158], and in 1941, "Good Fare in War-time" [159]. These contain practical advice, including menus and recipes. The London County Council also issued a bulletin on "The Feeding of Handicapped Nursery School and Day Nursery Children" [160].

In July 1940 the Board of Education, concerned because only half the local education authorities had made provision for school meals for necessitous undernourished children, again called their attention to the provisions of the Education Act and urged, in Circular 1520 [161], the establishment of a communal-feeding scheme which would include free meals for necessitous undernourished children, basing the determination of "necessitous" (a test required by the original Education Act of 1921 and interpreted in Circular 1443 [162] of the Board, issued in 1935) on as broad and liberal a policy as possible. It was pointed out in Circular 1520 that "it is not necessary that definite physical signs of malnutrition should be evident, and children may be selected as in need of feeding on the strength

of recommendations by teachers or others who are in regular contact with them from day to day." The Board also emphasized the importance of holding periodical nutrition surveys at which all children not receiving free meals or milk would be passed under review.

Circular 1520 also gives to the local education authorities advice on meals for children coming from a distance, meals for the children of mothers engaged in war work, meals for evacuated children, and meals for other children, on premises and equipment, and on free milk, and milk on payment under the "milk in schools scheme." It is also of great interest that the Government, in recognition of the importance of school meals and milk in the protection of children, revised its rates of grant to local education authorities in respect of approved expenditure on the provision of free meals and milk and on overhead charges in respect of meals provided for payment. This revision, effective July 1, 1940, provided for a minimum grant of 50 percent of the whole expenditure on the service, and for authorities formerly receiving more than 30 percent, an increase of 20 percent. This resulted in an increase up to 92 percent of the expenditure in the case of one authority formerly getting 72 percent. The circular (1520) pointed out that there were few areas, if any, in which no expansion was needed, and "in view of the vital national importance of maintaining and improving the nutrition of school children," the Board asked all authorities to consider at an early date the recommendations and to submit proposals for expanding their provisions. The Board estimated the gross cost of a school meal at about 6d.

Inspection of this school-meal service was expanded to include all inspectors, not just school medical officers [163].

On December 3, 1940, (Circular 1531 [164]) the Board of Education extended the coverage for school meals, at cost, to grant-aided secondary and other schools.

In December 1940 and again in February 1941, the Board of Education issued administrative memoranda (Nos. 262 [165] and 274 [166]) giving information about agreements between the Ministry of Food and the Board on the allowances of food to school canteens by the Ministry. In December 1940 the allowance was improved for all schools, including breakfast and tea as well as dinner, and in February 1941 allowance of meat was revised again, but this time downward.

In February 1941 the Board issued an important circular (1539) [167] to all local education authorities on "Cooperation by Local Education Authorities in Community Feeding" covering "stand-by" provisions for community feeding during special emergencies, co-operation by local education authorities in community feeding in

normal operation, and maintenance of school canteens during emergencies. The instructions broadened the policy of cooperation so that school authorities might assist local authorities in any emergency or normal plan.

c. Community centers.

In some households the situation could be handled if the evacuated mother was able to get away from the household with her children for several hours a day or if she was able to place her children in a nursery center so that both she and the children would not be too much underfoot in the household. A great majority of the households receiving children were small, and often the addition of the evacuated family to the housewife's family meant that there was definite crowding in the household even though the occupancy did not exceed the standard of one person per room. Difficulties also arose when the evacuated mother attempted to do her laundry, using the householder's facilities. In the early months of this first evacuation there was but little provision to deal with problems of this sort. To meet these difficulties, various local authorities undertook to make different types of provision, such as the establishment of a community social center, a nursery center, community laundries, and communal feeding (see p. 121).

Social centers.—The use of village and town halls for social gathering places for mothers or for recreational, occupational, and instructional classes and lectures in leisure-time activities was approved by the Government as part of its evacuation scheme. In a circular [168] issued jointly by the Ministry of Health and the Board of Education in November 1939, the use of village halls and club premises is urged, but it is pointed out that the development of community activities should not be limited to any one section of the population, such as the evacuees. One of the objects of the scheme was to develop activities which would help absorb the evacuated mothers and children and the young people as they grew up into the life of the community. The Government urged the use of the village hall for such purposes as a community center rather than as a hostel for difficult children or a sick bay, important as these latter provisions are.

Many communities found it possible to use a church hall or some comparable space for a gathering center for mothers each afternoon. Here they were able to form clubs which they themselves initiated in some cases; here it was possible for women already resident in the community to meet the newcomers under conditions in which no one was host and no one guest (or if anything the newcomer was the host), which helped the relationships. Here the women could sew and have their tea. Volunteers, as a rule, helped get the center activities under

way, but effort was consciously made to leave much, eventually all, of the responsibility to the women themselves.

In many communities the same premises were used to house a nursery center, or the young children were given an opportunity for group play in a separate room while their mothers met.

Community laundries.—The difficulties that were almost inevitable on “wash days” when the newcomer did her laundry in the small quarters of the householder, were entirely overcome in those communities where a central wash house or community laundry was established. The premises were usually some small house or building on the ground floor of which a stove, tubs, and ironing tables suitable to accommodate four to six women at a time were set up and adjacent to which there was a yard sufficiently large to dry the clothes. Hot and cold water were prerequisite to the undertaking. The premises and equipment were very simple in some villages, but even so were very much appreciated by the evacuated women.

Nursery centers.—It has been pointed out that the Board of Education and the Ministry of Health had issued jointly in January 1940 a circular [103] describing the purpose of the nursery center (see p. 79).

The nursery center is described as “something between a day nursery and a nursery school” and was proposed to meet young children’s needs in the reception areas under the exceptional circumstances with which communities were faced. A frank modification of the nursery school was necessary because of the impossibility of obtaining enough trained nursery-school teachers to organize the needed number of centers, but the general principles of nursery education were retained so that the center should not deteriorate into a place for custodial care of children. The attitude of the Government was well expressed in the opening paragraphs of the appendix to this circular as follows:

As a result of evacuation, there are, in many areas, a number of young children under school age, between 2 and 5 years, about whom there is some cause for anxiety. These children are in strange surroundings; they are asked to behave in a different way from what is usual in their own homes, and to eat unfamiliar food. They are often cumbering the feet of people who are too busy to attend to them, so they find tiresome and destructive things to do which are not liked by the grownups. But this age, 2 to 5 years, is a very important time in a child’s life, and unhappy experiences now may have a serious effect on these little girls and boys when they are grown up. We have, we hope, removed them from danger of one kind and we ought to see to it that we are not exposing them to dangers of another kind, for these children are our future citizens and a great deal will depend upon what kind of people they are.

The first thing to understand is that young children need very special care. Their helplessness demands the attention of someone in whom

they can put their trust and who will be able to give them the training which will enable them to become less helpless and more independent. They need the sense of safety and security which is provided by some space they can call their own, in which they can rest and play according to their needs. They require such things as toys and play materials which will give them something to do, so that they can live the kind of life which helps them to develop and grow. Most of all they need a grown-up person who will understand their point of view and see when sympathy and help is needed. It is often very difficult to provide such necessities in the home where they are living. Many houses are more crowded than usual, and housewives are busier than they have ever been before. Many mothers who are in billets must be feeling that their own lives are cramped and that it is difficult to give their young children the care they know they ought to have.

An earlier circular (1474) [75] of the Board of Education "Schooling in an Emergency" had proposed two types of educational programs for young children: (1) A large-scale organization in the nature of a nursery school, or (2) a small-scale organization with quite small groups of children, housed, perhaps, in a large room of a private house. It was the second type of undertaking which the Board and the Ministry described as a "nursery center"; only children from 2 to 5 were to be admitted, with a maximum of about 20 for each center.

The organization of the centers was the responsibility of the local education authorities working with the local reception authorities. Application for the establishment of a center was made on a form [169] provided by the Board of Education and submitted to the Board's inspector of schools for the area.

It was recommended that a local committee be formed consisting of representatives of the local education, child-welfare, and reception authorities, to which should be added a representative of the local branch of the Women's Voluntary Services for Civil Defence. The committee was to be responsible for all matters connected with the establishment and maintenance of the centers, and it was suggested that the secretary of the committee be appointed by the local reception authority.

It was recommended that nursery centers be considered for any community in which 50 or more evacuated children between 2 and 5 years of age were living.

With respect to accommodation, the Government circular indicates the type of quarters, floor space required (15 square feet per child), the necessity for hot water, lavatories, furniture and equipment, suitable rest space, and desirable garden or play space.

Special attention was given to the staff that would be required to manage a nursery center. It was recommended that a "warden" be put in charge who should be selected for her suitability for the work. She might be paid or she might serve as a volunteer.

The circular stated:

A superintendent must be appointed to supervise the work of the wardens, and this superintendent should be a trained and experienced nursery-school or infants' teacher. Her work will consist of supervising the activities of the centers which are managed by the wardens, and she may well have charge of four or five of these, though naturally the number of centers which she is able to supervise will depend upon their local distribution.

Voluntary helpers will no doubt be readily available to assist the wardens, including for example the mothers of the children, girls who have recently left school, or any other volunteers who are prepared to offer their help.

The duties of the staff were set forth in the appendix to this circular, as were also detailed suggestions on "The Order of a Young Child's Day," "Play," and many other aspects of the nursery-center arrangement and organization.

The circular pointed out that arrangements should be made for regular visits to each center by a doctor and a nurse. The local education authority and the child-welfare authority were made responsible for this.

The development of many of these nursery centers during 1940 was delayed for several reasons, among which were the lack of demand by local authorities due to lack of understanding of their value, the relatively small number of young children in the reception areas due to their exclusion from the second large evacuation scheme formulated in February 1940. When bombing started in September 1940 and many mothers with young children were again included in the Government scheme or went out under private arrangements, the demand for nursery centers began to grow.

In the late winter of 1940-41 the Nursery School Association, appreciating the value of the nursery centers and desiring to see them extended in reception areas, appointed, with the consent of Government authorities, eight nursery-center organizers to work in the reception areas where many children under 5 were living. The lack of response to the proposal of the Ministry of Health and the Board of Education in January 1940 to finance the establishment of nursery centers was believed by the association to be due to the lack of qualified leaders in the provinces to create an understanding of the purpose of the nursery center or how it would help in the adjustment of city mothers with young children to the life in the country. The nursery-center organizers were well-trained nursery-school teachers and leaders. It was the intent of the Nursery School Association to appoint additional workers of this type as soon as funds were available. The appointment of workers of this sort by a volunteer national organization was in keeping with the British tradition.

Nursery centers are not being limited to reception areas. In some

industrial cities they are taking the places of day nurseries or are being operated as parts of day nurseries.

Effect of Evacuation on Education

With the order for evacuation in September 1939 the responsibility for the education of a very large number of evacuated children fell upon educational authorities in the reception areas, but the education authorities under the London County Council and other evacuating authorities were still responsible for giving assistance of various kinds to the local authorities and for the education of children left in London.

That the educational system was seriously disrupted by the process of evacuation is a fact. The policy adopted by the Ministry of Health, which placed the saving of lives of children and protection from the strain and stress of bombing first and planning for continued education second, was predicated on the supposition that bombing would start with the onset of war. The implementation of this policy, and to some extent its merits, have been questioned by many who have felt that planning for education in the reception areas could have been more specific before evacuation took place. In retrospect [40] it was possible almost immediately to see how advance planning could have been done more satisfactorily to arrange, for instance, for the secondary-school children. The more recent moderately large evacuations have shown that transportation companies can plan train schedules in advance and carry out the schedules. It would seem now to be feasible to plan more effectively for very large evacuations; and even though it might not be possible to state in advance the exact destination of every class of each school, reservations in certain cities and towns might be made for higher-grade children, and in general the destination of elementary-school children by counties or boroughs could be planned.

As long as an evacuation scheme is voluntary, it will not be possible, when a first order to evacuate is issued, to predict what proportion of parents will decide at the last minute to send their children out. If evacuation had been compulsory, arrangements would have been simple, but sentiment in England as shown by Gallup polls in November 1939 when the difficulties of the evacuation scheme were at their height was still against compulsion. The success of the later evacuations from a number of the industrial cities and the advance planning for assignment of the school classes to specified reception areas indicate the progress made in the whole scheme. The early criticism was undoubtedly responsible for the prompt improvement which took place in planning. The very fact that

the first large movement had been completed and that thenceforth evacuations could be in smaller groups made improvement easier.

Education in evacuation areas.

With the order for evacuation in September 1939, all schools in London were closed, and education within the County of London was no longer compulsory. Though a large number of London school children were evacuated within the next few days after the evacuation order, many returned from the reception areas in the ensuing 2 or 3 months, as has already been pointed out. The result was that there were many thousands of school children in London unable to attend school and free to roam the streets. The situation was made worse also by the fact that usual vacation plans were not in effect.

With the issuing of the evacuation order many of the school buildings had been taken over by the civil-defense authorities to serve as rest centers and A. R. P. headquarters, and for other emergency purposes. In October 1939, 100 school buildings were completely occupied or reserved for civil-defense purposes, 450 were partially occupied, and only 130 remained entirely unreserved. The educational authorities were concerned with the situation and determined to organize a scheme for educational supervision of the London children in their own homes.

On September 29, 1939, the Board of Education issued a circular (1479) [97] expressing its concern and deprecating the return of children from the reception areas to the evacuation areas, but also recognizing the fact that "it would clearly be intolerable that a substantial proportion of the school population should continue indefinitely to be deprived of education and its allied services, and should suffer the demoralization which must inevitably follow the removal of school discipline and control." To meet this situation in part the Board suggested that local education authorities in evacuation areas organize a system of visits by teachers to the homes of the children. This would allow contact between teacher and child to be continued without involving the assembly of more than small groups. The Government policy of dispersing population and forbidding assembly in large groups without adequate shelter provision such as would have been necessary had children been immediately returned to schools was responsible for the plan.

To develop this scheme, 350 full-time teachers were retained or brought back to London. Each teacher working under the scheme was given headquarters at a school from which he could issue educational material to individual children. Radiating from these headquarters the teachers attempted to establish contact with the school children in the area either in the streets or in their own homes, or in

open spaces, with a view to getting them under helpful supervision. Small groups of children were taken on excursions or to playgrounds under the direction of teachers. In this way a network was established over the whole of London with the hope of maintaining some contact with the children.

The success of the plan was limited greatly by the withdrawal of compulsory education. Though a large number of children received some help through the scheme and in some cases were actually stimulated to a more independent approach to study, a great number did not avail themselves of the plan, and for a period there was a group of children "running wild" in the city streets. By the end of a month it became apparent that this plan was not going to meet the need, and decision was reached by the Board of Education that the schools should be opened again. That many school buildings would have to have extensive reconstruction in order to make them safe or provide good shelters was known. Until they were made safe, the local authorities were not to open them for classes.

On November 11, 1939, the Board of Education issued an order reopening such schools in the evacuation areas as could be made available for education of the children of parents who desired them to attend. The number of schools wholly available for education of children remaining in London was extremely limited and far too small to accommodate the children.

In the spring of 1940 education was again made compulsory in evacuation areas. Because only a limited number of school buildings had been put back to their original use for education, the distances which many children had to go to school still interfered with their attendance. Though in February 1941 it was reported that a very great majority of London children were attending school, it was admitted that occasionally children were being found who were not yet back in school.

Education in reception areas.

According to information [170] received in February 1941 from the Board of Education, 758,000 children were evacuated in September 1939 in school parties with their teachers and voluntary helpers. In spite of the return to the cities which followed, there remained in the reception areas in December 1939 some 472,000, or 62 percent of those evacuated. Thereafter the flow back was slower and by mid-April 1940 the number of evacuated school children was "upwards of 300,000." After the fall of the Low Countries and the onset of the bombing of London the trend was reversed and 620,000 evacuated school children were in reception areas by December 1940. The evacuation continued up to February 1941, though at a slower rate because of the cessation of heavy bombing for a short period. It has been learned recently

(May 1941) that after the recurrence of severe bombing in March and April the rate of evacuation of children increased.

To add this large number of children to the school rolls of the local education authorities in the reception areas was no small task. Serious difficulties were experienced at first. It was not found possible to maintain the unity of the individual schools in many areas, as had been planned. Many school units, despite the efforts of local directors of education, were broken up and scattered over a number of villages. This was inevitable because of the system of billeting and transport. In some cases school parties were reassembled more or less completely almost immediately after evacuation took place, more attention being given to the reassembling of divided secondary and "central" schools than to ordinary elementary schools. In many places school accommodations were inadequate; in many the scheme of double shifts was necessarily applied. The hiring of halls and other buildings was approved by the London County Council Emergency Committee. This made possible the accommodation of many school units. Books and equipment were supplied in large quantities (more than 5,000 tons) from London by rail, truck, school ambulances, busses, and private cars [76].

To assist the work of the local authorities in the reception areas the London County Council assigned members of its educational inspectorate to the various reception areas. The duties of the inspectors included cooperating with the local education authorities in getting suitable premises for school parties, assisting in arranging activities—educational, social, and recreative—for children when not in school, reassembling school parties that had been broken up, and redistricting secondary and technical schools. The assistance of these inspectors was welcomed by the local educational authorities largely because the plan had been prearranged before the evacuation took place.

The rural teachers made many suggestions that were helpful to the town teachers and gave information that made it possible for the town teachers to include in their curricula classes and talks based on country activities. For the city children an opportunity was thus given to learn much about country and farm life which had never been possible before. Likewise the city teachers gave to the rural teachers suggestions and information for broadening the scope of their teaching program for the country children. These features of the effect of evacuation on education have received favorable comment by many in England.

a. Secondary schools.

At the time of the evacuation 77 secondary schools were transferred to reception areas. Of these, 64 were at once "linked" with secondary

schools already established in reception areas and 5 with senior schools; 9 were sent to areas not provided with advanced schools, and rebilleting became necessary. Adjustments were made in fees for children in the secondary schools, though in general parents were expected to pay to the school authorities in the reception areas the fee usually paid in the evacuation areas. The education officer in London was authorized at the time of the evacuation to remit wholly or in part fees of pupils in secondary schools and of pupils taking full-time junior courses in technical institutions. Special temporary plans for scholarship examinations to be held by local education authorities as well as by London authorities were developed. Special care was taken to see that "special certificate forms" had their usual normal time tables, and the examining bodies for school certificates were prepared to take into account the limited use that could be made at first of special rooms such as laboratories and workshops.

There is no question that education of evacuated children along the lines to which they had been accustomed in the city was greatly modified and that for older children the disadvantages were greater than for the younger ones. To what extent the newer experiences will make up for the lack of certain formal educational features cannot yet be estimated. Many children, especially those reaching school-leaving age, have expressed the desire to live and work permanently in the country; some have found work in the country. A recent memorandum [170] of the Board of Education makes the following statement:

The full educational effects of the transplanting of this very large number of town children into entirely fresh surroundings, mainly rural, so vastly different from those to which the majority had previously been accustomed, cannot yet be estimated. In the course of a report after some months' experience of evacuation the Chief Inspector of Elementary Schools wrote that "The general picture of education in reception areas is encouraging rather than discouraging. * * * There can be no doubt that many children's lives have been greatly enriched by their removal from large towns, and in the case of children from the worst homes the conditions that make for sound education have been substantially improved. Indeed if there is one lesson from evacuation that has begun to emerge it is that formal education based upon bad home conditions is largely a waste of effort and money, because the children from bad homes cannot attune their minds to it or begin to realize its purpose or its possibilities. So far no evidence is reaching the Board that formal education is seriously suffering; the new interests and the wider basis of first-hand experience which the children have been getting might, in any case, on any broad view of education be felt to compensate for some falling off in formal attainments. * * * In general teachers have been forced to improvise, to depend less on school apparatus, and to see more value in children's out-of-school activities and experience. This, at its best, has brought

into school work a fresh reality and humanity. * * * I have no doubt that the good educational effects of evacuation outweigh the bad."

What the total effect on education will be remains to be seen. The opinion was frequently expressed that the whole educational system would undergo change after the war.

b. School holidays.

To prevent as far as possible the return of evacuated school children to London and other evacuation areas at Christmas or for other holidays, the Board of Education issued a circular (1482) [171] on November 10, 1939, suggesting that teachers should be released for holidays in rotation, either before or after the set holiday period, so as to enable a sufficient number of them to be available for duty during the period when the schools were closed. It was also suggested that the Christmas holiday be somewhat curtailed.

That this plan did not prevent many parents from bringing children home for Christmas is well known. However, it did help keep children occupied who remained in the reception area because the teachers assisted the householders and reception authorities by organizing activities for them.

c. School leaving.

Though the statutory school-leaving age had been raised to 15 years by the Education Act, 1936, to be effective September 1939, because of the war the operation of the act was suspended by the Education (Emergency) Act of 1939. To deal with the problem of children in the reception areas who reached the school-leaving age, the Board of Education suggested to local education authorities in a circular (1475) [172] issued August 31, 1939, that each authority obtain from the head teacher of each evacuated school, at the beginning of each term, a list of children who had reached school-leaving age or would reach it before the end of the term, and forward this to the evacuating authority, who could in turn ascertain the parents' wishes. At first, when a child took employment in a reception area the billeting allowance was stopped at once. Later this practice was modified because it was found to be impossible for these young workers to support themselves entirely on the wages received. It was recognized that if they were at home, room and board in many cases would still have been provided by their families.

d. Financing the education of children in reception areas.

The policy of the Government that local education authorities in reception areas should be responsible for providing the education for the evacuated children but should suffer no financial loss thereby [173] raised many problems of adjustment between the authorities

in reception areas and those in evacuation areas. In November 1939 a committee was appointed to develop a working financial arrangement between authorities. On January 31, 1940, a report [174] was made by the committee to the President of the Board of Education dealing with all details of the matter, including expenditures recoverable from the Exchequer, adjustments in respect of elementary-school children and of secondary-school pupils.

Report on Conditions in Reception Areas—"Shakespeare Report"

A thorough review of the conditions in the reception areas was made in the last 6 weeks of 1940 by a committee appointed on November 15 by the Minister of Health, Mr. Malcolm MacDonald, under the chairmanship of Mr. Geoffrey Shakespeare, M. P. The two other members of the committee represented the viewpoint of local authorities—Mr. H. Darlow, Town Clerk of Bedford, and Miss A. C. Johnston, Women's Voluntary Services. The committee was directed to inquire into the welfare of evacuated and homeless persons and examine the provision made for their comfort and contentment and for easing the burden on the householders receiving them. The report [175] of the committee (the "Shakespeare report") was made on January 2, 1941. The conclusions reached by the committee and its recommendations sum up in general the conditions found in February 1941 and are therefore given at some length here.

The committee undertook to visit the reception areas and study at first hand the conditions under which evacuated persons were being cared for. They interviewed representatives of the Ministries of Health and Labour, the Assistance Board, and the Women's Voluntary Services, and inspected all kinds of facilities and services provided under the scheme. The committee visited billets and interviewed hosts and guests. In all, 17 counties were visited, having an estimated population of 6,289,000, plus 1,566,000 evacuated persons. The area had had, therefore, an increase of approximately 25 percent in its usual population.

The committee points out at the beginning of its report that the chief problem lay in the fact that "a wide gulf is fixed between the sentiments, habits, and outlook of town and country."

It cannot be expected that the invasion of the home of the housewife in the reception areas by the London mother will be achieved without friction. Even if friction be avoided, it is not a desirable process that the family life in London should be disrupted, that wives should be separated from their husbands or children from their parents. We desire to emphasize these fundamental facts, which are sometimes forgotten. Furthermore, the evacuated mother so often arrives

in a state of mental distress. She, too, has her pride. For weeks she has borne the brunt of night bombing with unconquerable spirit and under conditions that might well have impaired the strongest nerves. She feels the strangeness of her new surroundings. She is full of anxiety for her husband and her home. Time hangs heavily on her hands. If then an unfriendly atmosphere is suspected the urge to return becomes overwhelming. Evacuation on this large scale has no intrinsic merit; it can only be the lesser of two evils, and justified by the necessity for the dispersal of population in wartime.

The committee found that on the whole the scheme was succeeding, that in many districts it had become a matter of local pride to retain evacuees, that the standards of achievement were not everywhere uniform, and that, though much still remained to be done, by and large great progress was being made. "The hard lessons learnt in the 1939 evacuation have not been forgotten."

In general, the evacuation of unaccompanied children was the most successful. The health of the children had improved, and they had adapted themselves to their new surroundings. The great majority of children were receiving full-time education, in many counties having been absorbed into the local educational systems "without materially impairing the education of the local children."

"It is in the reception of mothers with their children," the report points out, "that problems mainly arise." The accounts of unjustifiable behavior by London women related largely to the evacuation of 1939. Since bombing started, the sympathies of housewives in the reception areas and the response in the conduct of London mothers had improved the situation greatly. It was evident to the investigators that where there was an atmosphere of friendliness and where adequate welfare arrangements had been made, the London women were "settling down with resignation but not with enthusiasm in their new surroundings."

The report sets forth the elements which in the opinion of the investigators are essential to the success in the reception areas of any evacuation scheme. It also calls attention to the difficulties to be overcome. The recommendations concern evacuation of homeless families which have been bombed out, as well as children. They are summarized as follows:

1. Adequate reception arrangements.

It is important to secure the use of a building where parties of evacuees can stay for a few days to clean up and be medically examined and where they can be sorted out and chosen for appropriate billets. The homeless arrive deficient of clothing and often in a state of anxiety. The use of emergency hospitals for reception is referred to.

2. Billeting and quartering.

The work of billeting officers, whether paid or voluntary, is particularly arduous. Continuous surveys of accommodation are neces-

sary, and much office work is imposed upon them. Sufficient staff is essential to relieve the burden. Surveys must be kept up to date and the right of entry to houses in the search for billets is needed to make them really adequate. This should be granted where it is desired by the local authority concerned.

Exercise of compulsory billeting powers is necessary in some districts or at some stage in many districts, to remove suspicion that well-to-do persons are not playing their part. Such allegations are not always well founded but unfortunate instances occur. * * * Unfriendly and recalcitrant householders should be made aware by the billeting authorities that these powers will be exercised in case of need.

3. Welfare arrangements.

The provision of adequate welfare facilities is the essence of good reception arrangements. These include:

(a) The establishment of clubs for mothers, combined where possible with communal feeding for both mothers and children at cheap rates. Sometimes the local education authority can extend the school-meal services to other classes of evacuees. In other areas evacuees can attend centers initiated or taken over by the Ministry of Food.

(b) The establishment of nursery centers. Where the premises are adequate these can be combined with a communal center. Nursery classes should be provided by local education authorities where possible for evacuee children.

Where the mother is relieved of the care of her child during the day she can often find employment in the district. There is little doubt that regular work will do more than anything else to help her settle down in her new life.

(c) Arrangements for occupation and recreation for the evacuee mothers at these clubs. This is being done under the supervision of local authorities, the W. V. S., the National Council for Social Service, the Women's Institutes, and other voluntary bodies. Make-and-mend parties and work in connection with the communal centers such as cooking and cleaning are needed to relieve the monotony of enforced idleness. The work is often better arranged by committees of the women themselves.

(d) Arrangements for bath houses and for laundry facilities on a communal basis.

(e) The provision of week-end hostels where husbands can stay when they visit their wives is much appreciated.

The success of these communal welfare activities largely depends on the choice of a supervisor of a suitable type.

4. The need for more welfare officers.

It is essential that more welfare officers who understand the psychology of London mothers should be appointed. Welfare officers appointed to the regional staffs of the Ministry of Health in the regions which we visited have proved their worth and are being strengthened.

What is now immediately wanted is the appointment, throughout the reception areas, of welfare officers to coordinate and stimulate all welfare activities such as the provision of community centers, com-

munal feeding, mothers' clubs, nursery centers, occupational training, and the like. It is important that the officers appointed should have a knowledge of social legislation in order to be able to give skilled advice.

Where the county plays a large part by giving leadership on evacuation questions such appointments might well be on a county basis. In other cases, boroughs or large districts would wish to appoint their own welfare officers. Welfare officers will work in close touch with the local welfare committees. The latter have been found invaluable in settling questions of difficulty which may arise between authorities and teachers in charge of unaccompanied children or between householders and those billeted upon them. Representatives of the evacuees themselves should be co-opted onto these committees, the number of which should be largely increased.

There is said to be a shortage of women of a suitable type for appointment as welfare officers. It is suggested that the Ministry of Health should appoint a selection committee in conjunction with the L. C. C., the W. V. S., and the National Council for Social Service, to prepare a list of suitable persons for submission to the regional officers. Appointments could then be made from these lists.

5. Requisitioning of premises.

Adequate welfare arrangements depend on the availability of suitable premises.

To liberate premises for welfare purposes, there are recommended:

(a) Regular conferences between regional commissioners and Military Service liaison officers.

(b) Review of lists of premises earmarked by Government departments.

(c) More drastic use of powers of requisitioning by the Ministry of Health, particularly in regard to requisitioning parts of occupied houses for welfare or other purposes.

(d) Fuller cooperation by educational authorities for use of school premises for welfare purposes, both after school hours each day and during the week ends.

6. Furniture and equipment.

There is a general shortage of furniture in the reception areas for the equipment of requisitioned houses as homes or hostels.

The standard of furnishing and equipment for billets and hostels provided by authorities is too low.

A list has been issued to billeting authorities by one regional office of the Ministry of Health telling them of the equipment they may provide for mothers and children. A similar list should be issued by the Ministry to all billeting authorities, as there was great unevenness in the equipment provided. In some regions there is a shortage of blankets. * * * regional welfare officers should be empowered to authorize on the spot the purchase of equipment for hostels and communal centers.

7. Easing the burden of billeting.

Closely associated with welfare work is the treatment of special classes of evacuees. We refer to large families, unbilletable cases, difficult children, and those in need of special attention. More prem-

ises are urgently required for the housing and treatment of persons in these categories.

Even in cases presenting no special difficulties it is more desirable to place several families separately in large empty houses, or one family by itself in a requisitioned house, than to billet them in occupied houses. This avoids the invasion of the home and the friction occasioned by two women cooking at the same stove. The shortage of empty premises is, however, acute in many reception areas. In some cases condemned cottages have been reconditioned with success and used to house large families separately. In one borough a large private school has been requisitioned and adapted. In these premises a large number of mothers and children lead a communal life with facilities for education, recreation, cooking, laundry, and so forth, provided within the precincts. The domestic side of this particular experiment was run by a committee of London mothers and was a brilliant example of community life well conceived and executed.

8. Need for more buffer hostels.

Where separate billeting or community life is not possible resort must of necessity be made to billeting in private homes and this has to be done in the vast majority of cases. * * * It is essential that buffer hostels or clearing houses should be available to relieve the strain on hostesses even when the evacuees have settled down happily. A part of the building used for the first reception of evacuees can sometimes be reserved for this purpose. Evacuee mothers may enter a maternity home leaving their children in their billets; there may be sickness in the householder's family, or the rooms may be required for a relative of the hostess returning on leave. In such cases buffer hostels meet a real need.

9. Difficult and special cases.

Difficult cases or special cases, not suitable for billeting in private homes, should be immediately dealt with by rehousing in special hostels. We refer not only to children suffering from skin diseases, impetigo, scabies, and so forth, who should immediately be sent to premises converted into sick bays, but also to the difficult cases of bed-wetters, emotional children, and delinquents, who require special care under trained supervision. To meet the needs of rural areas and of smaller urban districts, the establishment or taking over of hostels by the county authority should be encouraged in order that different types of children may be treated separately. There should be one hostel at least in each county for difficult older boys. In one county an excellent pooling arrangement had been established by which each district provided a special type of hostel in its area to serve the needs of the combined authorities. The regional staff of the Ministry of Health should make more investigations to ensure that there is a sufficient number of trained staff in the hostels, and that they have adequate pay and reasonable conditions of work.

In view of the fact that children are not now evacuated from schools but from shelter life and conditions under which the supervision of the School Medical Service is lacking, they should be received in emergency hospitals in the reception areas or in temporary hostels so that they can be rested and cleaned up before being billeted.

10. Public health and medical treatment.

The large influx of population into the reception areas has imposed a heavy burden on medical and hospital services, whether voluntary or provided by local authorities. Emergency arrangements to deal with sudden epidemics have been enjoined by the Ministry of Health on all local authorities, and buildings have been earmarked for this purpose. It is recommended that these buildings be immediately adapted for such use. There is not yet enough provision for infectious diseases, and there should be provision in all regions for measles cases where there are complications or where the billets are unsuitable for home nursing.

Official evacuees (other than unaccompanied children) and unofficial evacuees who require medical treatment either seek a medical practitioner of their own choice, if they can afford to do so, or must come under the District Medical Service. This latter service is not being extended with sufficient rapidity. The cost of its extension should not fall on the local rates. Where the burden of the treatment of official evacuees falls on the voluntary hospitals, this should be charged to the evacuation account. It should be made possible for those who subscribe to the Voluntary Hospitals Contributory Scheme in the sending areas to enjoy similar benefits in the reception areas. These problems are specialized and need only be mentioned.

11. Provision of maternity care.

In general it may be said that a sufficient number of maternity homes have been provided in the areas we have visited but the usefulness of their work would be increased if there were more provision of antenatal and postnatal homes associated with them. A further difficulty arises in that the burden of billeting mothers and babies when they leave the maternity home falls on the one district where the maternity home is situated. It would be advisable if, under the supervision of the county authorities, arrangements could be made for the placing of these cases through a wider area. Many authorities have buffer hostels or clearing houses where elder children can be billeted during their mother's confinement; but more temporary residential nurseries are required for children under 5 to serve the same purpose.

12. Clothing.

The responsible teacher in each school should arrange a weekly inspection of kit so that parents can be asked to send clothing before the need becomes acute. In the event of the latter's failure to do so, the evacuation authority should be communicated with and the issue of clothing should at once be authorized by them when the parents are not at home. Financial liability can be fixed afterwards. Too long delays have been caused by lack of regular inspection and by protracted correspondence with evacuation authorities.

13. Assistance-board scales and other allowances.

More ample use of the discretionary powers by officers of the assistance board and the strengthening of its visiting staff so that adjustments in scales can be made more promptly are recommended.

The assistance board should consider whether it does not need the power of recovery against husbands who refuse or neglect to make reasonable contributions.

Local authorities in the sending areas should make arrangements for the storing of furniture, even if the house is habitable, when requested to do so by evacuees in the reception areas; e. g., in the case of a wife whose husband is absent in the Services, a widow, or an old-age pensioner. Evacuees are less inclined to return when their home has been given up than when they are paying rent for premises which they are not actually occupying.

No general increase in boarding allowances for children is recommended but an increase of the home nursing allowance of 5s. a week to the householder, on production of a medical certificate, is recommended.

14. Billeting allowances for children leaving school to find employment.

Many children on reaching school-leaving age would like to take up work in the country but are prevented from doing so because their initial pay would not cover the cost of their board. If the 5s. lodging allowance could be paid for them while their pay remains below a certain level this difficulty would be met. Arrangements should also be made for the supervision of such children by juvenile-employment committees and by voluntary associations charged with the welfare of the young.

15. Advice Bureaus.

To ensure that evacuees are made aware of all the amenities in the district and may have their problems readily attended to, the establishment of an Advice Bureau, where possible, serves a valuable purpose. Evacuees want to know what are the facilities for rest centers, communal feeding, nursery centers, the address of the employment exchange, the assistance board, the provision made for medical treatment and similar matters, and advice should be available on these points.

GENERAL COMMENT ON EVACUATION POLICIES AND PROCEDURES

Certain aspects of the over-all problem of evacuation that would have a bearing on procedures that might be instituted in the United States, should such ever become necessary, may be commented on briefly:

1. Policy of dispersal of population in congested areas and evacuation of nonessential population.

The basic policy of dispersal of the population from the congested areas of industrial cities under bombing and the evacuation of the nonessential population has been shown to be sound. To save the lives of children and mothers not only has humanitarian aspects but is essential to the future of the national life.

2. Timing the evacuation.

The evacuation of children from London and other industrial cities and the closing of the schools and related health services before bombing actually started disrupted the educational system and seriously affected the life and well-being of children who remained in the cities or returned almost at once. Carrying out evacuation before the onset of bombing, however, meant that it could be done when there was neither serious agitation nor voluntary mass evacuation, as might well have been the case had bombs been falling. Furthermore, it provided opportunity for the Government to learn the weaknesses of its scheme of transport and of its plan of preparation of the children for evacuation, reception, and placement. To remove between one and one and a half million persons, largely children, in 4 days from a few large cities was a sizable undertaking in itself. If it had been accompanied by the hurried voluntary mass movements that would undoubtedly have occurred if bombing had started simultaneously, the orderly character of the evacuation of the children might have broken down and real chaos have been the result.

The fact that bombing did not occur at the declaration of war could not have been anticipated and sets no precedent for other situations where bombing might be the first form of attack. The severity of the bombing of London when it did start justified the early policy that children should be removed from areas of potential danger so so far as possible before bombing started. Whether children should

be removed from cities potentially subject to raids before the actual onset of attack, is a point for careful consideration. The decision would rest, partly at least, on the presumable effectiveness of plans for their removal at the time bombing occurred, on the possibilities for their protection in the cities under bombing, and to some extent on the emotional state of the people.

3. *Priority classes.*

The decision to establish priority classes of persons for evacuation under the Government scheme was essential to the orderly planning and conduct of the scheme. The selection of school children as a first priority group to go in school parties under the supervision of teachers but unaccompanied by parents had advantages from the standpoint of organization and removal of large numbers of children in a very short time. It had the disadvantages of breaking up thousands of families and subjecting literally hundreds of thousands of children from 6 to 16 years of age to the experience of leaving home with its concomitant sense of insecurity. The presence of the child's classroom teacher as the leader of his party partly mitigated this feeling of insecurity. The success which was somewhat rapidly achieved in adjusting unaccompanied school children to their new surroundings in reception areas on the one hand, and the almost complete failure of adjustment of mothers who were evacuated with young children on the other, point toward the wisdom of the British Government policy. In September 1940, when a relatively large proportion of school children had already been evacuated and the trickle scheme was in force, it became possible to send out mothers and children of all ages together. The question has been raised whether it would be more desirable from a social point of view to use the family rather than the school class as the unit for mass evacuation. The choice between the family and the school class might depend on the speed with which it was desired to remove and place large numbers of children and on the known attitude of city mothers toward remaining in the country. It is doubtful whether any city-bred mothers would be willing to go to the country and stay unless there were real danger at home. To achieve a mass evacuation of very large numbers of children in a few days, the unit of choice would certainly be the school.

4. *Noncompulsory nature of the evacuation.*

The noncompulsory nature of evacuation in England meant not only that it was left to parents whether or not they would take advantage of the Government scheme, but also that parents could bring their children home again at any time. The return of mothers and young children to the cities was very easy because distances were short. It was simple for parents to visit children in the reception

areas. In fact, visiting was encouraged, and reductions in transportation fares were arranged in order to make it possible. It thus became all too easy for parents to bring their children home, and the "turn-over" of evacuated school children was soon a matter of concern to the Government, not only because of the disturbing effect on the children and their education but because of the added cost.

During the winter and spring of 1939-40 the question of compulsory evacuation was discussed, but the situation never reached the point where the Government felt that such a drastic step was necessary. Public opinion was certainly not for compulsion, nor had it even reached the stage where general registration for evacuation of school children was successful. When bombing started in London, the right of the parent to decide was still considered paramount. Not until the effects of shelter life and continued bombing began to show in the general state of health and well-being of some children did the Government see fit to order evacuation even for this selected group. The order for compulsory evacuation of children "suffering in mind or body as a result of hostile attacks" was used more as a lever to persuade parents to evacuate their children voluntarily than to remove the children forcibly.

Compulsory evacuation at the onset of war would have accomplished quickly the desired goal of removing children from danger. Under compulsory evacuation, the Government would have had to assume, even more than it did, complete control of each child and entire responsibility for his welfare. Parents would have been freed essentially from all responsibility. However, at the time of the first evacuation the Government was not prepared to carry out a scheme of placement of all children nor one in which parents did not continue to carry some responsibility. In fact, it was the determined policy that parents should continue to carry some responsibility, at least that for clothing and for general oversight of the children's welfare. If, at the onset of war, there had been as complete a coverage in the reception areas with trained social workers aided by special child-care workers as there was with child-health workers, compulsory evacuation might have been contemplated with some hope of success. However, even after bombing began the Government did not have available sufficient staff trained in social case work to give the necessary supervision to children evacuated voluntarily to the reception areas.

In February 1941, though there was still some strong feeling that the Government should have taken complete control and compulsorily evacuated all children, the consensus still seemed to be against it. The fact that approximately 85 percent of all children had been voluntarily evacuated at this time would indicate the willingness of

parents to comply when it was clearly dangerous for children to remain in the city.

5. Health and medical services for children.

During the course of the 18 months' experience with evacuation there was great progress in improving the health and medical supervision of children. The initial examination of the children and treatment of infectious conditions or conditions of uncleanness before evacuation was early shown to be essential to the success of the scheme. When this procedure was not possible, as in the case of evacuation of bombed-out families, the use of emergency hospitals in the reception areas to provide initial medical examination and opportunity for cleansing and rest proved to be a most effective and acceptable step preparatory to billeting.

The assignment of school physicians, nurses, and health visitors from evacuation areas to reception areas to supplement local personnel was also found to be essential. The establishment of child-health and school medical services before the war had laid a good foundation throughout the reception areas for health and medical supervision. What was needed when evacuation occurred was the rapid expansion of personnel and facilities and the addition in some areas of more specialized medical officers as pediatricians for child-welfare supervision. Unfortunately, expansion had to be accomplished gradually and was never really sufficient to meet the needs of the newcomers completely. Though the withdrawal of school physicians for military forces has curtailed service to both evacuated children and normal residents, no areas have been left without a minimum school medical service.

The early establishment of school treatment clinics for care of minor ailments and referral of children with more severe illnesses to hospital clinics has provided a service for school children which has proved invaluable in the wartime program, in both evacuation and reception areas. The addition of the sick bays in the reception areas, where billeted children could be given bed care for minor ailments, has supplemented the school treatment-clinic care fairly satisfactorily. The medical care of sick school children in their billets given by local physicians and paid for by the Government seems to have been an acceptable scheme. The medical care of young children which had to be paid for by their mothers who accompanied them was less successful, since the mother frequently would not call a physician because she could not afford it. To arrange for aid from public assistance was not always easy or desired.

On the whole, the health supervision and medical care have been reasonably good. There is, of course, still room for improvement.

6. *Maternity care.*

The program of maternity care for women normally resident in evacuation areas was based on the well-established peacetime program of domiciliary midwife care, hospital care, and medical consultation. This was supplemented by the provision of maternity homes of high standard in the reception areas and facilities for antenatal and postnatal housing and care. The success of the war-time program can be traced directly to the high quality of the previous Nation-wide service and to the skill used in its adaptation to emergency conditions. Because the public had been educated before the war to know what good care was, the Ministry of Health was able to insist on the maintenance of high standards of equipment and staffing of the approximately 120 maternity homes under local authorities. It was everywhere recognized that the war situation was sufficient reason for exerting every effort to provide the best possible maternity care. Public opinion was completely in support of the Government's program, as indeed it had been since the last war.

7. *The welfare program.*

One of the most evident causes of the failure of mothers and children to remain in reception areas at the time of the first evacuation was the lack in the provinces of paid workers trained in the organization of community services or in the giving of individual social-case-work service to mothers unable to adjust to their new surroundings. Volunteer workers in the reception areas, willing and ready to work, had to tackle jobs for which they were unequipped and were without the guidance, in most instances, of trained leadership. Not until June 1940 were "welfare officers" (child-care organizers from the London County Council) assigned to regional offices of the Ministry of Health. Extension of this service to the regional offices and to the county and borough authorities was proceeding gradually. The Chief Medical Officer of the Ministry of Health expressed the greatest appreciation and understanding of the work of these welfare officers. The administrative officers of the Ministry who were responsible for carrying out the evacuation scheme likewise expressed their realization of the need for paid social workers and their intention to extend the work as rapidly as possible to all local authorities. It was evident that the efforts of one such worker in a community could bring about improvement in community activities, a better understanding by volunteers of the social needs of mothers, and a change in attitude of many evacuated mothers by case work with a few. The experience of these welfare officers as child-care workers and committee organizers in the London school system was invaluable in connection with the supervision of school

children in billets and the organization of temporary hostels or hostels for difficult children. It was believed in the provinces that the service should become a part of the peacetime program.

The extraordinary contribution of women volunteers to the present success of the evacuation scheme cannot be stressed too greatly. In view of the complete absence of any paid social workers provided by Government, there was but one course of action for the volunteers, namely, to take over the welfare aspects of the work. Without the initiative and ingenuity, the indefatigability, and the devotion of hundreds of local leaders of volunteers, the evacuation scheme would never have been brought out of the chaos into which it was plunged at the beginning. As members of local welfare committees, as billeting officers, as friendly visitors, as workers in hostels, nurseries, maternity homes, communal-feeding centers, and community social centers, as clerks in the offices of the local authorities, the women volunteers have carried on the work necessary for care of the evacuated children and for the gradual absorption of the mothers into the communities. The task of caring for the individual evacuated children fell upon hundreds of thousands of citizens and householders. The task of organizing and guiding the program month after month under the direction of the local authority fell upon the groups of volunteers. That they have handled it amazingly well under the circumstances is clear. Some volunteers, however, had come to realize that they had been forced, because of the lack of trained social workers in the communities, to undertake work which in many cases was beyond their capacity to carry out well. There appeared to be a growing appreciation of the need for a paid staff of well-trained social workers who should take over the major responsibility for billeting, for selective placement of difficult children and young children, for visiting and follow-up care, for organization of community social activities, and should give guidance to the volunteer workers in developing and carrying out the numerous community activities for which they should be responsible. It was not the idea that paid workers should do away with the volunteers, but rather that together they would give increasingly better care and supervision to the host of children now in the reception areas.

8. *Child guidance.*

Never has there been a situation where child-guidance workers were needed more than the present one in England. The number of workers available for service in the reception areas is far too small to meet the need even though a large part of the workers from evacuation areas are lent to the provincial authorities, as indeed is happening at present. The situation in any city under bombing or in

constant danger of bombing is creating many emotional disturbances among children who remain there and also among children who have been removed. Anxiety expressing itself in many ways is the outstanding condition that must be met. Among the children who have been evacuated unaccompanied by a parent emotional disturbances have been common, resulting often from a sense of insecurity for themselves or for their families left behind.

It is now realized that a child-guidance clinic with a full team of workers—psychiatrist, psychiatric social worker, and psychologist—is needed in each thickly populated reception area, as well as in each city under bombing if children still remain there. In some cases where a full team has not been possible, a single worker has been assigned to an area to advise the local authorities and volunteer workers on selected cases. Such single workers have obtained occasional consultation from psychiatrists. Additional workers are greatly needed. The prewar provision was not sufficient even for peacetime.

9. Education.

The plan to evacuate children in school parties had as one of its primary motives the continued education of the children by the teachers with whom they were familiar and who knew their scholastic record. The educational system in London had been utterly demoralized by the closing of schools at the time of the first evacuation and by the transfer of school buildings to Air Raid Precautions and Emergency Medical Services authorities for emergency work. For some months now great effort has been made to provide education for children still in London. Though school attendance has again been made compulsory, the distances that must be traveled by some children to reach a school make the rule difficult to enforce.

In reception areas great progress has been made in establishing the education program for evacuees and in maintaining the work for the normal residents. In some places a single unified system has resulted which is considered best since it has helped the process of absorption of the newcomers into the life of the community. In other places a dual plan is still in operation and even a double-shift scheme by which regular school buildings are used twice. This latter plan is not believed to be very satisfactory, and as fast as possible other arrangements are being made.

The adjustment of city teachers to a long-time stay in the country has not always been easy, partly because of obligations the teachers may have had to their families in the cities and partly to personalities. These difficulties have usually been adjusted.

The provision of equipment and books has been fairly well taken care of; special laboratory equipment for secondary and technical

schools has been more difficult to install in sufficient amount, but this too is gradually being provided. Arrangements for examinations have gone forward between local education authorities in evacuation areas and those in reception areas. Evacuation authorities have aided reception authorities in many ways and have sent inspectors into the field to assist the local education authorities in adjusting problems arising from the evacuation.

The situation which appeared to be so bad immediately after the first evacuation has certainly been improved greatly in the past year until now the great majority of children in the reception areas are getting full-time education. The extension of nursery education through nursery centers is now being given more attention by the Board of Education and the Nursery School Association. Though there has been serious disruption to the regular educational system, it is generally believed that certain gains have been made through the forced move and greater flexibility of curriculum will result to the advantage of both city and country schools.

10. General situation in February 1941.

During the 18 months since the first evacuation in September 1939 great progress has been made in developing a workable scheme for removal of children from cities under bombing in large numbers on a single occasion or in small numbers daily. The chaos which followed the first evacuation has not been allowed to occur again. The authorities profited promptly by lessons learned at that time, and great effort has been made to improve procedures. Health and medical services are provided today reasonably well under the circumstances. Education has been reestablished, though with limitations. The need for social work among evacuees in the reception areas is recognized, as is the need for child-guidance workers. No one looks upon the whole evacuation scheme as anything but the lesser of two evils, but it is agreed that it is the lesser of two evils and that all children should be evacuated from cities under bombing. In February 1941 it was estimated that nearly five-sixths of all London children had been evacuated. More have gone out since.

Two or three small studies of the effect of evacuation have been made, chiefly in the attempt to learn why children returned to London or Liverpool and what problems were involved in adjustment of mothers and children to new surroundings. More comprehensive investigations are needed of the success or failure of this, the most extensive child-placing project ever undertaken. So far no large-scale case study has been proposed or carried out. That one should be made would seem to be self-evident if the values and lessons of the experience are to be made available to students of social

administration and recorded for future study. Furthermore, the problem of readjustment of the child to his own home after the war is no small one, and study should be made now of the relationships existing between the child and his own home and parents as well as his foster parents. Help in meeting this situation, which may be even more difficult than was that of evacuation, could perhaps be obtained by study of families where this readjustment has already come about. The reports that many children do not want to return to their own homes is disturbing, though perhaps to be expected. What should be done about it has already begun to give concern to thoughtful observers.

CONCLUSIONS AND RECOMMENDATIONS

In Respect of the Protection and Welfare of Children in a Civil-Defense Program in the United States

Observation and study of the many and drastic steps that have been taken in England to provide protection to children and mothers under the Government's civil-defense program lead to the following general conclusions in respect of any application to the United States:

Preparation for adequate protection of children in a civil-defense program requires not only advance planning for a program of action when emergency arises, but active preparation so that communities shall understand the situation with which they may be faced in an emergency and shall foresee the problems that may appear, and take the steps necessary to supplement their existing facilities and services if the needs of children are to be met should emergency come, and train in advance the necessary personnel, professional and volunteer.

Advance preparation for maternity care and protection of children does not mean just inventories and paper planning, but the actual provision and equipment of facilities and services needed to meet the situation. Experience in England has demonstrated this in many ways. For instance, the delay of the British Government in providing funds with which to make available and equip the necessary maternity homes, residential children's nurseries, and hostels for children prior to evacuation resulted at the start in inefficient handling of the maternity program, and in a great dearth of places for care of young children and hostels for school children who for various reasons should not have been placed immediately in private households. Many of the problems faced at the time of the first evacuation could have been avoided had the authorities made available funds for advance preparation. Again and again this point was made by responsible Government officials of the Ministry of Health and others concerned with the broad plan of care for children.

The relative inadequacy in the United States of facilities and services for child health and welfare and maternity care, especially in small cities, towns, and rural areas, and the greater distances between cities and potential reception areas make our problem of

planning for the protection of children a far greater one even than that encountered in England.

Advance planning, advance preparation, and advance training of personnel should be undertaken at once. Fortunately, no step need be taken that involves expenditure of funds (except those for part of the central planning) which will not contribute to the health and welfare of children in normal times, no step need be wasted effort, even though at the moment it must be directed toward defense rather than toward normal, orderly progress.

In making recommendations in respect of protection of children in the United States it is necessary to recognize, as in some other aspects of a civil-defense plan, the interstate as well as the intrastate character of any scheme or program. The protection of children in an area under bombardment would call for the fullest use of the skills of professional workers and an even higher ratio of workers to children served than under normal conditions. The desirability of adopting the general policy of thinning and dispersal of the population of an area of potential danger, when the object of attack or the seat of other disaster associated with defense, would appear to be axiomatic in any civil-defense plan. The need for the thinning of such a population by the evacuation of those members not essential to defense or the maintenance of the life of the community and for the establishment of certain priority groups, including children, would appear to be equally obvious.

Whether complete or partial evacuation of a city or group of communities will ever be necessary in the United States cannot be foreseen at this time. To have plans available for the use of State and local authorities would reassure citizens and parents who are now concerned that in case of danger children be given every protection and an opportunity to go to a place of safety. Plans would be needed to meet a number of different situations, such as a planned voluntary evacuation over a period of 2 or 3 weeks with continuous orderly migration thereafter, or a sudden larger evacuation precipitated by some acute emergency.

Planning for protection of children in the critical defense areas is of more immediate concern and should receive increasing attention as the number and extent of the areas grow. The conditions under which children live in these great areas should be a matter of concern to all the Nation.

Recommendations

I. That a plan be developed by a governmental authority with the participation of other appropriate Government agencies for the protection of children in civil defense, which shall include measures

necessary for protection of children in areas of potential danger from bombardment or other serious disaster associated with defense, and measures for the dispersal and evacuation of children and mothers from congested areas at the time of attack or disaster.

II. That the authorized agency or agencies be empowered to seek the assistance and advice of responsible State and local officials and representatives of professional and other voluntary organizations having knowledge of available resources for civil defense and needs on a local and regional basis.

III. That the authorized agency or agencies be charged with the following responsibilities:

1. The designation of areas of potential danger and corresponding reception areas of relative safety.

2. An immediate inventory of resources for care and protection of children in case of bombing and evacuation, (*a*) in areas of potential danger and (*b*) in potential reception areas, such an inventory to include the existing facilities and services for health, welfare, education, housing, and so forth, and estimates for their necessary supplementation in preparation for meeting emergency needs.

The competence of localities to meet emergency needs must be assured in advance, and must cover the protection of children from physical injury and from too great emotional strain, the maintenance of adequate feeding facilities, and the care and education of the children in case of evacuation or dispersal from their own homes.

3. The preparation of a detailed plan for evacuation of children and other priority classes, including—

- a.* A statement of objectives, scope, major principles, policies, and standards to be observed in the operation of the plan.

- b.* The designation of official agencies to be responsible for carrying out the plan at Federal, regional, State, and local levels.

- c.* A detailed presentation of those aspects of the plan that involve interstate responsibilities and relations such as transportation, housing, community organization, and standards of care in reception areas, including health, medical care, social services, education, recreation, and so forth.

4. The development of a practical plan to make prompt provision through the appropriate agencies for the essential supplementary services and facilities needed by States and localities so that they may prepare in advance for the protection of children and mothers in emergency, including—

a. The strengthening of existing local agencies in areas of potential danger and potential reception areas and the creation of a mobile corps of physicians, public-health nurses, child-welfare workers, nutritionists, and other workers adequate in number and qualifications to supplement effectively the services to children and mothers in any community faced with an emergency beyond its resources.

b. The provision of additional facilities for training personnel, professional and voluntary, for care of mothers and children, and for making such personnel available on a flexible interstate as well as intrastate basis (see suggestions under recommendation IV for types of training proposed).

5. An immediate study of—

a. The distribution of physicians needed for the care of children and maternity patients in all areas of the country, with particular reference to the needs of areas of potential danger or potential reception of evacuated children.

b. A suitable plan for exemption from military service of physicians needed to provide these services, and at the same time for recognition of their continuing contribution to national defense.

6. The extension in the immediate future of various community activities which will give widespread experience in the operation of types of work that will contribute to meeting emergencies both in areas of potential danger and in potential reception areas, such as—

a. Communal feeding (hot lunches in schools or industrial establishments).

b. Summer camps for school children.

c. Vacation opportunities for mothers and young children in groups, or nursery schools, or day nurseries.

d. Organization of community social centers, nursery centers, community household aids, such as communal laundries, kitchens, and so forth, in the management of which groups of householders participate.

7. Funds should be made available to implement the work proposed.

IV. That recruiting and training of personnel be given serious consideration in the immediate future.

It is believed that in order to provide in advance even part of the additional personnel that will be needed for the care of children and mothers in areas of potential danger from bombardment should attack occur, or in reception areas should evacuation of children and other priority groups be necessary, an extensive program of recruit-

ing and training of professional and voluntary personnel is necessary. It is recommended:

1. That short courses for training pediatricians and obstetricians in the principles of public health and in the organization of maternal and child-health programs be established immediately, and that physicians trained and experienced in pediatrics and obstetrics be encouraged to take such courses to equip themselves to participate more effectively in an emergency program should need arise.

2. That facilities for training public-health nurses be extended at once, as follows:

- a.* A full course of public-health training (9 months) to 1,000 additional nurses during the coming year.

- b.* Two quarters or one semester to at least 2,000 additional nurses within the next year.

- c.* Additional training in the next 2 years to provide for a doubling of the present number of public-health nurses.

3. That arrangements be made for the employment and introductory training during the coming year of at least 1,000 graduate nurses as clinic nurses in the maternal and child-health program or, after a period of introduction in a visiting-nurse association, as assistant nurses under the supervision of a qualified public-health nurse, with the understanding that training in public-health nursing shall be made possible at a later date if the candidate can qualify.

4. That immediate plans be made to organize a Civil Nursing Reserve of volunteers who have taken a general course in first aid and home nursing, and have had a period of not less than 50 hours' experience in a hospital learning the fundamentals of bedside care.

Two special courses should be offered:

- a.* A course for training volunteer children's nursing aids to assist in hospitals or convalescent homes for children, in child-health clinics, in school medical services, and so forth.

- b.* A course for training volunteer aids to public-health nurses.

5. That facilities for special child-welfare-service training and experience be extended at once with a view to training 200 additional workers during the year beginning July 1941, through—

- a.* Nine months' training in a school of social work for 100 persons qualified for admission to such schools.

- b.* Six months' special training in a school of social work in child welfare and in group work for 100 persons with some training and experience in social work.

6. That immediate plans be made to organize a Child Care Volunteer Reserve of volunteers to be known as Child Care Volunteers who have taken a specified course in child care and have served not less than 65 hours in a nursery school, a child-health clinic, or a child-caring agency.

The courses offered should include:

a. A general course to equip volunteers to help with children in emergency situations, such as first-aid posts, rest centers, transport, emergency feeding centers.

b. An additional course, or courses—

(i) To equip volunteers to aid, under professional supervision, in organization and staffing of nursery centers or schools (residential or day), hostels, camps, and other places of congregate care for special groups of children.

(ii) To serve under professional supervision, as community helpers and visitors to children placed in individual foster homes.

(iii) To give service in community social centers and other group activities.

7. That facilities be provided to train communal-feeding aids.

The courses offered should include:

a. A general course in nutrition.

b. A special course in group or communal feeding with special emphasis on school meals, canteen organization, and management in emergency services.

V. That steps be taken to organize a body of volunteers that will coordinate all existing voluntary organizations of women and others so far as they are concerned with matters of civil defense and that will have as its primary purpose service to Government agencies, local, State, and Federal, in carrying out the civil-defense program.

It is believed that the successful prosecution of a plan for the protection of children in a civil-defense program would require not only the efforts of responsible Government agencies, but also the assistance that would be obtained through the organization of a responsible voluntary body of women to serve the Government authorities in carrying out their civil-defense plans, especially as they relate to the protection of children, and the utilization of women in civil-defense activities and in training for such activities.

Appendix.—WOMEN'S VOLUNTARY SERVICES FOR CIVIL DEFENCE

The Women's Voluntary Services, organized in June 1938, has played a major role in civil defense. It was organized by Lady Reading at the request of the Home Secretary, Sir Samuel Hoare, who saw a need for substantial help of women in the development of the A. R. P. service and in preparing the civil population to withstand air attack. The Home Secretary asked Lady Reading to coordinate all women's services into one organization which would work in close cooperation with other civil-defense services. The purpose, as stated in his letter of May 20, 1938, was—

1. The enrollment of women for the Air Raid Precautions Services of the Local Authorities.
2. To help to bring home to every household in the country what air attack may mean.
3. To make known to every household what it can do to protect itself and help the community.

It was soon apparent that the scope of women's services for civil defense went far beyond this original concept of the Home Secretary and might include certain activities in connection with the work of a number of other Ministries, such as transport, salvage, canteens and communal feeding, evacuation, care of bombed-out families, nursing auxiliaries, child care, clothing, and other civil-defense comforts and services.

General Plan of Organization

The form of organization of the Women's Voluntary Services has been one of its major strengths. Nationally the W. V. S. was organized at the request of the Home Office, through which it received premises, telephone service, clerical assistance, stationery, postage, gasoline, and the salaries of a small number of key workers for the headquarters and regional staffs. Later cooperative relationships with the Ministries of Health, Food, Supply, Labour and National Service, Transport, and others were established, but, centrally, financial assistance still comes from the Home Office (Ministry of Home Security) and the Chairman and the General Secretary are responsible to the Home Secretary. Regionally, the organization followed the same geographic arrangement as the other civil-defense services with 12 regional administrators

and 12 regional organizers responsible for advising on local developments. Locally, each W. V. S. center was organized for the primary purpose of serving the local authority (county, borough, or district) in whatever way the authority found it needed help. Local W. V. S. centers now receive assistance from the local authorities in the form of premises, telephone service, postage, gasoline, and clerical assistance. They do not undertake projects unless approved by the local authority.

The work of the local centers varies to a considerable extent, depending on the requests for help from the local authorities. Certain types of work are commonly undertaken, such as transport, evacuation, clothing, salvage, canteen or communal feeding, clerical assistance. In cities subject to bombing the W. V. S. has contributed to A. R. P. services very greatly through transport of the injured, assistance to wardens through the Housewives' Service, assistance in the rest centers, canteen and communal feeding for A. R. P. workers and bombed-out families, and assistance in the information and "administrative centers" established by local authorities, to aid bombed-out families in obtaining immediate financial assistance, billets, rehousing, clothing, and so forth. In reception areas W. V. S. has been asked to give help in practically every phase of evacuation procedures, including in some places full responsibility for billeting. A large number of W. V. S. centers in municipalities have undertaken the registration of women for training for nursing-auxiliary reserves to be given by the St. John Ambulance Association and the British Red Cross Society. A few centers organized courses for child-care reserves, but this has recently been turned over to the National Council for Maternity and Child Welfare. (More detailed description of the more important services will be given later. See p. 169.)

The plan for financial support from the Home Office to provide premises, telephone, light, heat, stationery, gasoline, and secretarial help, as well as salaries of a few administrative members of the staff, was immediately adopted, which relieved Lady Reading and her staff from the task of fund raising. It was soon found that an additional sum of money would be needed to pay expenses of certain volunteer members of the staff who could not afford to make out-of-pocket expenditures but could give their time and service. A sum of £25,000 was provided by the Home Office for the first 3 months, afterward changed to £100,000 on an annual basis. The amount has not all been used, but it has made possible the help of many of the best volunteer workers.

On a national, regional, and local basis, then, the W. V. S. has been organized to serve the governing bodies and has received financial assistance from them in kind rather than in cash, thus being

relieved of all obligation to raise funds for its fundamental needs. The service necessary to carry out its many projects, national and local, is now contributed by more than 800,000 volunteer workers, of whom 6,970 are "appointed staff." There are also 169 paid workers provided through the Ministry of Home Security or the local authorities. Whether there has been a sufficient number of paid trained workers will be discussed later.

The present organization includes the headquarters office and staff in London, 12 regional offices and staffs, and some 1,700 local-center offices and staffs.

It should be pointed out at the start that the women who were associated in the organization of the plan of work had a seriousness of purpose and a primary sense of responsibility which has communicated itself to the whole body of workers. There would appear to be a complete absence of the "dilettante volunteer" who comes and goes at will. Each member as she enrolls is impressed with the responsibility of the job for which she is to be held accountable; she must be willing to work hard and often full-time; she must accept training and instruction as indicated. She must demonstrate that she is reliable and competent; it is made clear to her that she must take her work seriously—as seriously as if she were paid, even if she gives only one-half day a week.

Headquarters organization and staff.

The headquarters staff includes the Chairman (a volunteer), a General Secretary (assigned to the position from the civil service) paid a full-time salary by the Home Office and responsible for office management and for relationships with Home Office and Civil Service, and three vice-chairmen who have supervision of specialized departments of service at headquarters.

There are also a chief regional administrator (responsible directly to the Chairman), in charge of regional staff, and 12 assistant regional administrators.

Several specialized departments of work have been set up at the headquarters office in London, with a director for each. There are, for example, a Technical Department, including A. R. P., First Aid, and Housewives' Service, an Evacuation Department, Nursing and Casualty Services, a Food Department, a Transport Department, a Refugee Department, an Information Service, a Publicity Department, and an Overseas Department. These departments have staffs varying in size according to need. Several have special advisory committees, as the Advisory Committee on Evacuation. Each department comes under the immediate jurisdiction of one of the vice chairmen or the Chairman. All policies of the various departments are determined in conference with the Chairman and all relation-

ships between the special departments and the regions are carried out by conference or correspondence between the assistant regional administrators and the heads of the departments. Conferences between the heads of departments and responsible persons in the various Ministries are held after policy has been determined in conference with the W. V. S. Chairman, and either the Chairman or a vice chairman attends all conferences with a Minister, under secretaries, or permanent secretaries.

In the headquarters and regional offices each responsible worker has a "stand-in" for her position. The regional organizer, for instance, is the "stand-in" for the regional administrator. In most cases a second volunteer worker is the stand-in for a volunteer holding an important position such as county or center organizer. This has been a most important feature of the voluntary scheme for reasons that are obvious.

The position of General Secretary is a most important one. The first person to hold it was a civil servant from the Ministry of Labour chosen because of her long experience in administrative work and unusual experience in organizing large new undertakings and developing good relations with the various branches of Government. In her own words her job was to "put Lady Reading's ideas into practical, workable form and make contacts with the civil service" in the various Ministries. When she accepted the position it was with the understanding that she had the right of appeal to the Home Office if she felt that Government policy was not being followed or if she disagreed basically with the Chairman on some policy of procedure. She also insisted on bringing with her from the Ministry of Labour one stenographer and one typist on whose skill and judgment she could rely. These were to be full-time paid positions.

The General Secretary worked out the complete administrative plan for the headquarters office and the regional set-up, including all details of office management, procedure for review of work and letters written by volunteers, filing, referral, and so forth. She was responsible for drafting form letters, memoranda, bulletins, instructions, and so forth. She apparently planned the regional organization and the general scheme of local activities, though she had no responsibility for these local activities. She was responsible for seeing that the routine administrative work of all special departments and the regional offices was carried out effectively and that the inter-office relationships ran along smoothly. The task of keeping a large number of volunteers working regularly and efficiently was no small one. The General Secretary assisted the Chairman in the organization of advisory councils and committees and in the selection of key workers for the regions and counties. Upon this selection of key

workers for local centers and regions depended the success or failure of the organization.

Regional organization and staff.

The regional staff consists of 12 regional administrators (volunteers) and 12 regional organizers (paid by the Home Office) at regional headquarters. Until war was declared the regional administrators all had headquarters in the London office, whereas the regional organizers worked from regional headquarters. At the present time, assistant regional administrators serve as the representatives of the region in the central office and are in constant contact with the chief regional administrator and the specialized departments.

Each of the 12 regional offices is staffed by an administrator, an organizer, clerical assistants, and volunteers. The regional administrators were selected for their knowledge of the area and their standing and prestige in the community. Chief attention was paid to the individual's ability to do a job of work, and women were selected who had taken part in local Government activities or were leaders in some local or national organization. In a number of cases the administrators (and the same is true of county organizers) had held positions on county or borough councils or had been municipal magistrates. In one case the regional administrator had held a responsible position with the Girl Guides; in another (the London area) the administrator had held a good position in a large commercial firm.

The regional organizers, on the other hand, were selected in all cases because of their experience and ability to organize a program of work. As they were to be paid for full-time work, specific qualifications were sought, and the General Secretary apparently was entirely responsible for their selection. After selection they were appointed by the Home Office as "temporary civil servants." Obviously they had to meet standards of training and experience. The organizer's job was to reach every county and borough and district in her region, develop interest in the program, find the women best suited to take leadership in the various communities, and give expert assistance to these leaders when they were selected. The regional organizer was responsible for seeing that the administrative policies from headquarters were carried out. She usually made all first contacts with the local authorities (local county-council clerks or borough-council clerks), though the regional administrator undertook some of this in certain cases and advised the organizer about people in the various counties.

Each regional office has at least one paid clerk, sometimes more. Volunteers do most of the office work and all other regional jobs connected with the work of special departments, such as clothing distribution, canteen and transport organization, evacuation, and so forth.

County and local-center organization.

Each county has a county organizer who is a volunteer selected, as has been pointed out, for her knowledge of the women's work in the county and her prestige with the people and county authorities. The county authorities were consulted in each case before a county organizer was appointed since it was imperative that there be a good rapport between them. Often the county clerk was asked to suggest names or a list of names were suggested to him. The county organizers are never paid workers, though in some cases some expenses are allowed when the worker could not afford to take the position if it meant out-of-pocket expenditure. In a number of counties paid assistants have been appointed in addition to one or more paid clerks. The job of the county organizer is to develop activities as requested by the county-council clerk or council committees, or other county authorities, such as the billeting officer (if other than the county clerk), responsible for certain governmental functions on a county-wide basis. The county organizer was responsible for recruiting volunteers to take charge and carry out projects under her jurisdiction and for developing local centers by arrangement with local authorities. At the beginning the county organizers made the rounds of all local authorities to explain the W. V. S. and the type of help that could be offered and to respond as far as possible to requests for help regardless of the nature of the request. At first (in 1938) local authorities were apt to be suspicious. Gradually, as the local authorities found that the W. V. S. would give a variety of kinds of help, the requests for assistance increased. By February 1939, when the house-to-house canvass for billets for evacuees was required, local authorities had come to depend on the W. V. S. for many things.

The county and other local authorities responsible for civil defense were instructed in a circular letter from the Home Office that, as in all other expenditures for civil defense, they could request reimbursement of 60 percent of what they supplied to the W. V. S. in the form of premises, telephone, heat, light, postage, and clinical services. All county centers and 1,700 local centers have been organized in cooperation with local authorities. All municipalities except 36 now (February 1941) have W. V. S. centers.

Selection and Appointment of Volunteers and Paid Workers

Selection of volunteers.

The method of selection of county and center organizers and of the host of volunteers who make up the body of W. V. S. workers has determined to a considerable extent the success of the whole

program. In connection with this, consideration should be given to the place of full-time paid workers in the plan of work. Selection of regional staff is made by headquarters staff, selection of county and borough staff by regional staff with concurrence of headquarters, selection of local-center staff by county staff with concurrence of regional staff and headquarters.

Qualifications for a volunteer.—In the opinion of the first General Secretary the most important element in the selection of volunteers who are to take the lead in a local-center program is previous experience (described as training) in some local work, as county or borough councillor, alderman, local magistrate, local education or other committee member, or as a leader in such an organization as the Women's Institutes, Women's Cooperative Guilds, Girl Guides, and so forth. Many British women have participated on a volunteer or elective basis in the work of their local authority and are familiar with the methods of local government. The General Secretary felt that a center organizer's success depends on this background of experience, her understanding of the discipline necessary to do a job of work, and her ability to steer clear of personality mix-ups. Reliability in keeping hours of work, sense of responsibility to see a job through regardless of personal inconveniences are essential characteristics, whether the volunteer is giving full time or part time to her work. The volunteer can give just as effective service as the paid worker if she has the training and the necessary sense of discipline. Volunteers in W. V. S. are usually part-time workers but many of the center leaders give essentially full time and some much overtime.

Need for skeleton staff of paid full-time workers.

The General Secretary felt that when full time was required of a trained worker it was desirable to employ her on a paid basis. She did not think this applied to the county organizer, though the assistant county organizer and clerical workers might well be paid workers. (The county organizer was usually selected for her local "county" prestige and as a rule did not give full time. In many counties she needs a trained assistant.)

When discussing selection of workers with the regional administrator and regional organizer of region 6, similar opinions were expressed.

In Cambridge the center organizer in charge of evacuation (a local magistrate) stated that more trained full-time paid workers were needed. In her opinion there should be at least one paid full-time W. V. S. worker as organizer in each county and in each borough. It was her opinion that paid trained welfare workers (social

service) were needed and that chief billeting officers should be paid. The recent appointment of paid welfare workers by the regional authorities and by some of the counties and some boroughs was in her opinion a great help to the W. V. S. workers. This was indicated by experience in the town of Bedford, where welfare workers were employed from the start of evacuation in September 1938. She believed that if more of these workers had been made available by the local authorities much of the difficulty with evacuation would have been avoided. If trained social workers were employed by local authorities, the need for them in W. V. S. organization would not be so great.

Appointment of workers.

Paid workers.

The regional organizers are appointed by the Home Office (Ministry of Home Security) as temporary civil servants and paid by the Home Office. Local full-time paid assistant organizers and clerks are appointed and paid by local authorities who may be reimbursed by the Ministry of Home Security for 60 percent of the salaries. The total number of paid workers, including all local workers, in February 1941 was 169.

Volunteer workers.

All regional administrators, county and borough organizers, and center organizers receive "notice of appointment" from headquarters signed by Lady Reading as chairman. In February 1941 there were 6,970 total "appointed" volunteer staff.

The notice of appointment includes an understanding that the appointee is prepared to be guided in her capacity as a member of the staff of the Women's Voluntary Services by such official notices as are sent to her from headquarters. The notice in full is as follows:

I am glad to be able to inform you that the General Purposes Committee has approved your appointment to the staff of Women's Voluntary Services as
and I am to express to you their great appreciation of your willingness to give your services in this way.

The work attaching to your appointment will be set out in memoranda and notices which will be sent to you from time to time and I understand that you are prepared to be guided in your capacity as a member of the staff of Women's Voluntary Services by such official notices as are sent to you from Headquarters.

I know you fully appreciate the responsibility attaching to this appointment and therefore you will understand that the General Purposes Committee have thought it desirable that our voluntary workers should have a recognized status. It is suggested that should either

side wish to withdraw from the arrangement, the normal period of notice given should be a month. In very exceptional circumstances the Chairman would reserve the right in consultation with the General Purposes Committee to withdraw the appointment but not without discussion with the member of the staff concerned and, on the other hand, you as a member of the staff would have the same right.

In view of the responsibility which attaches to this post, I should be glad if you would kindly let me have a formal acceptance of appointment on these terms.

Yours sincerely,

(The Dowager Marchioness of Reading)

Chairman

Lines of Authority and Method of Organization

General policies of the W. V. S. are developed at headquarters and are approved by the Home Office. Regional and county organizers, however, are given considerable freedom of action and responsibility for local organization.

In a letter to all center organizers dated May 31, 1940, just before the capitulation of France, the chairman stated:

Regional administrators have, in the event of a breakdown of communications with headquarters, full authority and information to direct W. V. S. work in their regions within the framework of the regional commissioners' organization.

Today a further situation must be envisaged and that is the fact that communications between regional and county headquarters and centers may break down. * * * if communications with your regional and county headquarters break down, you will act wisely and sensibly, carrying out the duties entrusted to you by the authorities in your locality.

Though W. V. S. policies are directed from headquarters and under authority received from the Home Office, local projects within the framework of the headquarters' policies and standards are carried out under the local authorities responsible for A. R. P. and other civil-defense activities. There is great strength in this plan of coordination, but also there might be great risk of domination from headquarters and restriction of initiative on a local basis if the headquarters office were not wise in its policy of allowing local W. V. S. centers to develop plans with local authorities with the reservation that plans for new projects must be approved at headquarters before they are put into effect. The Chairman's dynamic and imaginative personality permits this scheme to work.

Policies are actually worked out by the Chairman, together with the vice chairmen, the chief regional administrator, and the heads of specialized departments. The Home Office approves activities and publications before they are put into effect. The Chairman is herself responsible for initiating most of the policies, and it is her vision

and practical good sense and insistence on cutting red tape which has saved many a desperate situation in times of crisis. She has inspired her chief assistants with much of the same spirit, but it is often her vision that puts things through.

In the days when the W. V. S. was in process of organization the Chairman spent much time in visiting all parts of the country, stimulating interest, helping to lay plans, assisting local leaders.

Method of organization in local centers.

The first meeting for the organization of the W. V. S. was called by the Home Secretary in June 1938. The following months were spent in setting up regional and county plans of organization and in selection of regional and local leaders. By August it was apparent to the Chairman that local action might be needed soon.

To hasten local organization representatives of all national women's and welfare organizations on the W. V. S. Advisory Council were asked to submit lists of persons competent to help organize local activities in every village and town where the organization had a branch. In a period of 3 or 4 days in late August these lists were cataloged on cards and filed according to locality, and copies of the local lists were sent to the regional and county organizers with instructions to proceed with local organization. In September 1938 a small "test" evacuation took place from London, and the names submitted to organizers in neighboring counties proved to be most useful. During the fall of 1938 and the winter of 1939 plans for local organization went forward rapidly.

The usual procedure was for the county organizer and her assistant (if she had one) to visit all towns and villages in the urban and rural districts under her jurisdiction and with the help of the local authorities designate a "center" organizer for the town or village and with her develop a tentative plan of what the women might offer in the way of assistance to the local authorities. In the same way, borough organizers develop W. V. S. "centers" in districts within the borough. Each center would organize a volunteer staff to carry out various types of work.

In the early stages of organization the local authorities were often suspicious of the motives behind the W. V. S. offers of assistance and in many cases did not ask for help until much later. Once the county or local clerk found out that he did get help in some job, no matter how inconsequential from the W. V. S. point of view, he was more ready to accept suggestions for other types of service. The W. V. S. always made it clear that it would try to do whatever was asked.

Assistance in the A. R. P. work of the local authority, especially in the distribution of information through lectures and talks, first-aid classes, and so forth, was usually among the first of the services

requested. Gradually the responsibilities of local authorities became so pressing for various forms of civil-defense work that they were only too eager to seek the help that could be given by the W. V. S. The amount of responsibility delegated by the local authorities to the W. V. S. has varied greatly. Some local authorities have given full responsibility to W. V. S. staff members for billeting evacuated children and have appointed them officially as billeting officers; others have used W. V. S. members as assistants in the billeting. Many local authorities turned over to the W. V. S. such jobs as clothing distribution, salvage, canteen organization, communal-feeding centers, staffing of hostels for children, nurseries, and so forth. Most local authorities have used the W. V. S. transport services in many ways. In municipalities subject to bombing the authorities have requested help in a great number of ways, from ambulance driving and other first-aid, warden, and fire-fighting work, to assistance at rest centers, canteens and communal-feeding centers, and at "administrative centers" or "information centers" for the guidance and help of bombed-out families.

The organization of the W. V. S. was so flexible that it could be called on to do almost anything in time of emergency, and without its help tragic situations would have been still more tragic. Comment on the organization and work of the W. V. S. in situations of pressure and emergency was always highly favorable, but the work of the W. V. S. would have been even more effective if local authorities had been better prepared officially to care for homeless families and the great trek of evacuees, both that planned for children and other priority classes and that of the bombed-out families. The transport organization of the W. V. S. and the organization for assistance given in the evacuation scheme, in feeding schemes, and more recently for assistance in care of homeless families are outstanding for their efficiency. In all, the W. V. S. worked with local authorities and with other voluntary agencies.

Relation of the W. V. S. to Other National Women's Organizations

In his original request the Home Secretary asked the Chairman to coordinate all women's services available for any phase of civil-defense work into one organization which would work in close co-operation with other civil-defense services. It was apparent in the spring of the year 1938 that there were many women's organizations whose programs were related to some phase of civil defense and more or less Nation-wide in actual practice, and whose constituent members were impatiently awaiting opportunity to assist in civil defense. There was no single organization which reached literally

every village and town, nor was there any one which could be rapidly expanded to include all aspects of civil defense as visualized by the Home Secretary or requested by local authorities. It therefore seemed essential that a new Nation-wide service should be formed, but it was equally important that the members of existing organizations should participate in the new service while at the same time the specialized work of the existing organizations should be continued. Representatives of eight of the largest organizations were called together by the Home Secretary to discuss the proposed organization of an over-all scheme for voluntary service by women to be developed in coordination with the Home Office. The eight organizations concurred in this general plan proposed, and the Women's Voluntary Services was born. At this first meeting it was agreed that there should be an Advisory Council of the women's and other national organizations concerned, which would meet to advise on organization and policy with a view to continuing if it seemed advisable.

The Advisory Council was organized promptly. Seventy-eight organizations were asked to send representatives to serve for 3 months with a view to seeing how the proposed plan would work out and to reorganizing the Council or abandoning it at the end of that time. It was made clear that the council had advisory powers only and that, as the W. V. S. received its authority from the Home Office, basic policy would be developed by the Government in cooperation with the responsible staff. The Advisory Council met and showed great interest, and decided to continue after 3 months had elapsed.

The Council has served as a means of disseminating information to a large number of women and of exchanging information among member agencies; it provided a means of finding capable local leaders and wardens. Though the W. V. S. was closely coordinated with the Government, the Advisory Council member agencies were in no way bound as to their internal policy and were free at all times to comment on or criticize the W. V. S. or Government policy, as had been their right and custom previously. They were free to carry on their own work, but also they were enabled through the W. V. S. to pool their resources and help in making a universally available service which none of them could provide alone.

Membership in the W. V. S. did not imply membership in any one of the existing organizations, nor did a member of an existing organization necessarily become a member of W. V. S. There is, of course, great overlapping in memberships, and this has meant greater cooperation and more effective coordination of effort among the existing organizations. Visits in several counties and towns gave evidence of actual cooperation with the Women's Institutes—a national organization of rural women—for instance. The W. V. S. cooperated

widely with the W. I. in making jams and preserves last summer. The W. V. S. everywhere cooperates with the Citizens' Advice Bureaux which are operated under the auspices of the National Council of Social Service, and other cooperative arrangements could be cited, as with the National Council for Maternity and Child Welfare, the Red Cross, the St. John Ambulance Brigade, and others.

Comment from outside the W. V. S. indicates that some of the existing organizations have felt that their work has been swallowed up or that their long-time programs have been disregarded. This would seem to be inevitable, and it is surprising that the feeling was not more prevalent. Though comment of this sort was made, usually it was followed by the remark that the speaker did not want to be interpreted as opposed to the work of the W. V. S., which was excellent, but as emphasizing that the work of the existing organizations was valuable and should not be disregarded or neglected by the authorities.

At one time the policies of the W. V. S. in relation to labor interests were of some concern to the trade unions, since it was believed that the rapid expansion of volunteer work was infringing on jobs which normally should be paid positions. This was especially true in canteen work.

The need for a channel for the expression of opinion by the pre-existing welfare organizations was met by the formation of the "Women's Group for Public Welfare," organized under the auspices of the National Council of Social Service. Another organization for the investigation of public-agency action as it is related to women's work and the needs of women and children in the evacuation scheme is the "Woman Power Group," made up of women Members of Parliament and a few other influential women concerned with these problems. These organizations have had a definite restraining influence on the expansion of W. V. S. into the fields of labor interests.

The W. V. S. Advisory Council was reorganized to some extent over a year ago and an executive committee appointed which meets every 2 weeks or every month. This has seemed to be a more effective arrangement. Though this committee has only advisory powers it has been helpful in formulating internal W. V. S. policy.

Types of Work Undertaken

As has been pointed out, the headquarters office in London is organized in departments which deal with administration and with the specialized services. The departments concerned with specialized services are as follows:

Technical Department, dealing with all questions connected with training for A. R. P., including Housewives' Service and First Aid Section.

Transport Department, dealing with all matters connected with transport, ambulance driving, and auxiliary fire service.

Information Department, which is the headquarters recruiting office and information bureau.

Publicity Department, dealing with all matters connected with the press, films, posters, and so forth.

Hospital Department, cooperating with the Central Emergency Committee for the supply and training of nursing auxiliaries, and dealing with all other questions of staffing for hospitals, including hospital supply workers.

Evacuation Department, dealing with all questions arising on the organization of evacuation services and training for them, including special sections on evacuations of mothers and children under 5, and distribution of clothing.

Food Department, dealing with canteens and communal-feeding centers.

Salvage Department, collecting metals, paper, bones, and so forth.

Overseas Department, concerned with all gifts from overseas.

Refugee Department, dealing with refugees from invaded countries.

London Department, responsible for all work in the metropolitan area.

In June 1940 the W. V. S. issued the following list of types of workers involved in their program:

Ambulance drivers	Land army
Ambulance attendants	Lecturers
Canvassers	Marshals
Clerical workers	Messengers
Cyclists	Nurses
Canteen workers	Nursing auxiliaries
Cooks	Social workers
Drivers	Shorthand-typists
First-aid helpers	Telephonists
General helpers	Wardens
Housewives	

On December 31, 1940, the total enrollment of members for all services was 843,806, allocated by type of service as follows:

	<i>Number</i>	<i>Percent</i>
Clerical staff-----	19, 492	2. 4
Hospital supplies-----	183, 804	21. 8
Work parties:		
Canteen-----	99, 758	11. 8
Evacuation-----	106, 452	12. 6
Refuge for homeless-----	37, 889	4. 5
Salvage-----	6, 698	. 8
Housewives' service-----	49, 966	5. 9
Miscellaneous-----	83, 343	9. 9
A. R. P-----	127, 674	15. 1
Transport-----	38, 768	4. 6
Nursing auxillaries-----	72, 115	8. 5
Hospital workers-----	17, 847	2. 1
Total enrollment-----	843, 806	100

Technical Department.

The Technical Department is concerned with A. R. P., including Housewives' Service and First Aid. Its work consists of the preparation of draft lectures and planning for courses on such subjects as the general organization of civil defense and local organization, incendiary-bomb control, elementary protection against high-explosive bombs, war gases and personal protection against gases, and the elements of first aid. Mimeographed material for lectures on these subjects is distributed by the department.

Housewives' Service.

The Housewives' Service was established to inaugurate a service for partially trained women in each warden's sector to assist in allaying panic, giving help to neighbors, and affording the street warden all possible cooperation. The Housewives' Service comes under the local A. R. P. controller and is undertaken only with the full support of local authorities. The types of service undertaken by the housewives are the following:

1. Provision of hot drinks and hot water in case of need.
2. Shelter for casualties pending arrival of the services.
3. Placing of buckets outside the door following air-raid warnings for the use of wardens in fire fighting.
4. Knowledge of the "raid movements" of neighbors.
5. Shelter for children playing in the road.
6. Assisting in operating baby-protective helmets.
7. Care of invalid and elderly persons during raids.
8. Assisting in public shelters.

Other types of work are undertaken depending on local needs.

A course of training for housewives in accident aid, simple nursing in the home, and A. R. P. is provided, and advanced training may be given on what to do in air raids and on fire fighting in the home. Each member of the Housewives' Service is supplied with a distinctive armlet, and a signboard may be placed in the window or on the front gate of each house when the housewife is at home.

Card indexes are kept, listing all members of the Housewives' Service, indicating whether or not they have taken training courses.

Certain members of the Housewives' Service are members of the W. V. S.; a large proportion are not.

First-Aid Section.

The First-Aid Section has given most of its time to the distribution of the first-aid packet, which contains simple materials that might be used by untrained persons in giving first aid.

Information Department.

The Information Department has two sections: 1. Personnel; 2. Information Bureau.

Personnel.

This department interviews applicants for volunteer service, enrolls them, and advises them of suitable vacancies. The applicant fills out an enrollment card giving various information and signs a statement saying that she is willing to serve as volunteer in the Women's Voluntary Services, to take any necessary instruction and training, and to serve under the direction of the officers of the services concerned. A card file is kept showing the work carried out by each enrolled member from the time of enrollment. Those volunteers who do not find work immediately are called up by the Information Department when a vacancy occurs. The Information Department keeps a complete tickler file of all requests for volunteers made by any of the Government services or by other volunteer organizations. When a volunteer applies for work the Information Department is able to discuss with her all types of vacancies that exist at the time.

The greatest influx of volunteers at headquarters office occurred at the outbreak of the war and at the time of the Dutch and Belgian invasions. At the present time there is a dearth of volunteers in London owing to evacuation and to a great increase in the demand for women, both in volunteer work and in paid employment.

Advice is also given by the Information Department to women applying for paid employment. These applicants are directed to the Women's Services (A. T. S., W. R. N. S., W. A. A. F.), the Ministry of Labour (munitions work), the Land Army, and so forth.

Information Bureau.

Information is collected from Government circulars, the Hansard, newspapers, broadcasts, and so forth, and is filed and indexed. From these files information is given out in answer to personal, telephone, and written inquiries from members of the W. V. S.

Inquiries include all kinds of matters relating to wartime conditions, with special reference to the women's services.

Publicity Department.

The Publicity Department handles all matters concerned with the press, radio, films, and so forth. The department gets out a monthly bulletin for the information of members and others. This bulletin gives reports on the activities of the various departments and other news of interest.

Hospital Department.

The W. V. S. serves as a recruiting agency for candidates for training as nursing auxiliaries. The training for the nursing auxiliaries is given by the British Red Cross Society, the St. John Ambulance Association, and local organizations giving comparable courses. The courses are given in many different parts of the country. The nursing auxiliaries serve under the Civil Nursing Reserve, which is responsible to the Ministry of Health and has headquarters in London.

The Civil Nursing Reserve enrolls:

- a. Trained nurses (trained in a recognized training school or on a State register).
- b. Assistant nurses (partially trained).
- c. Nursing auxiliaries (given short course of instruction in first aid and home nursing, which must reach the standard recognized by the St. John Ambulance Association, the British Red Cross Society, and certain other organizations).

Experience has shown that part-time work by nursing auxiliaries has been found of very little value. There is great demand for nursing auxiliaries who enroll for full-time work.

Evacuation Department.

One of the first tasks taken up by the W. V. S. was rendering assistance in the evacuation of mothers and children. The Evacuation Department is one of the largest and strongest departments of the W. V. S. Volunteer members have aided in every phase of the whole evacuation scheme—as assistants in the organization of evacuation parties, at the entraining and detraining centers as escorts in transit, and as assistants in the distribution, supervision, and care of children in the reception areas. Every W. V. S. region, county, and district has an evacuation program. W. V. S. volunteers in many of the regions have held positions of great responsibility in the planning and carrying out of reception schemes. In some counties or boroughs W. V. S. volunteers have been appointed as the responsible billeting officers. Probably 90 percent of the assistant billeting officers are W. V. S. volunteers. At first about 35 percent of the assistant billeting officers were W. V. S. members, serving in a volunteer capacity. Now a large proportion of the follow-up work done and the friendly visiting of children in foster homes is carried out by W. V. S. W. V. S. workers have aided in, and in many places have been responsible for, the establishment and staffing of hostels, community service centers, communal-feeding centers, residential nurseries, and in providing clerical assistance in the offices of the local authorities. In some cases W. V. S. workers have provided all the clerical service

needed for keeping records of evacuated children and mothers for the local authorities. The Evacuation Department at headquarters has given much assistance in developing good schemes of office management and in preparing forms for records and filing systems. The department has also helped to develop procedures and standards for care and has prepared a number of leaflets for distribution to foster parents, dealing with such matters as feeding and care of children, bed-wetting, and so forth. The department also renders a great service to local members engaged in the evacuation program and even to local authorities by abstracting and putting in simple language all official circulars and memoranda issued by the Ministry of Health or the Board of Education.

In many communities the W. V. S. workers are looked to as the responsible agency in the evacuation scheme. The contribution made by the W. V. S. to evacuation has been very great. The head of the W. V. S. Evacuation Department served on the Government committee under the chairmanship of Mr. Geoffrey Shakespeare, M. P., appointed in November 1940 to inquire into the welfare of evacuated homeless persons in reception areas, and participated in preparing the report [175] and making recommendations.

Two pamphlets issued by the W. V. S., "Memorandum for Guidance of the Members of the Staff" [176] and "Notes for the Guidance of Women's Voluntary Services Evacuation Assistants" [177], give in fairly detailed outline the plans for various types of services.

In March 1940 the Ministry of Health requested the W. V. S. to undertake the work of investigating and dealing with applications for the evacuation of children under 5 years of age without their mothers. A panel was appointed by the Ministry of Health composed of representatives from the W. V. S., the London County Council's staff of care-committee organizers, an officer of the London County Council Public Assistance Department, and a representative of the Standing Joint Committee of Metropolitan Borough Councils. Children investigated by this panel are assigned to nursery parties which come under the jurisdiction of the London County Council, a day-nursery committee, or a nursery sponsored by the Church of England Waifs and Strays Society, or are placed through Invalid Children's Aid Society or the Children's Country Holidays Fund. This panel meets at least weekly, sometimes oftener, to review many hundreds of applications for the placement of young children.

Food Department.

The W. V. S. has given great assistance in solving the problem of feeding evacuated homeless families and children through its canteen work and through its contribution to the development of communal-

feeding centers. As in all other phases of its work, the W. V. S. gives assistance to schemes for which the responsibility rests with the appropriate authority such as the local authorities responsible for A. R. P., education and reception authorities responsible for evacuated children and other evacuated persons, public-assistance authorities responsible for relief of those in distress in case of certain emergencies.

In March 1940 the W. V. S. issued a bulletin published by H. M. Stationery Office called "Communal Feeding in War Time" [11]. This bulletin outlines alternative methods of communal feeding in (a) communal kitchens (communal-feeding centers), (b) cook houses, (c) canteens, and (d) mobile canteens. The bulletin gives details with regard to many aspects of the organization of these programs and also suggestions for menus and recipes.

Special bulletins are gotten out for the use of local W. V. S. centers giving practical suggestions as to how to develop the canteen and communal feeding schemes. Information is also provided on training canteen workers and a training scheme has been outlined.

Information is provided on the organization of a mobile-canteen unit, on the construction of canteens of various types, from the simple canteen box attached to the rear of a passenger car to the standard mobile-canteen van and trailer.

Salvage Department.

The Salvage Department has concerned itself with the collection of metals such as aluminum for the Ministry of Aircraft, bones, cork, leather, timber, cartridge cases, and electric-light bulbs. Members of the W. V. S. have paid many millions of visits to housewives in connection with the salvage program. When the Ministry of Supply issued compulsory directions concerning salvage, 75 percent of the honorary canvass secretaries were W. V. S. members. Ten million visits were paid to housewives within 4 months at this time.

Overseas Department.

The Overseas Department was formed to aid in the sorting and distribution of gifts from overseas because of the close contact between W. V. S. and the local authorities and the work it was already doing for evacuees and refugees. The machinery for distributing clothing and comforts existed at the time when, in 1940, large gifts from overseas began arriving for the W. V. S. It was necessary to set up storage places in each region and county and to plan for distribution of clothing to local centers. During the last 6 months of 1940 clothing to the value of more than £1,500,000 was received and distributed by W. V. S. In addition, W. V. S. distributed food sent by the

American Red Cross. Large quantities of clothing from the American Red Cross, both new and second-hand, have been distributed. W. V. S. work parties mend second-hand clothing, and many are knitting garments from wool given by the American Red Cross.

Refugee Department.

The Refugee Department was opened early in May 1940 to meet the need for a central information bureau for the war refugees coming from Holland, Belgium, and France. W. V. S. gave aid in the meeting and transporting of these refugees and their care at various reception centers. As a result W. V. S. headquarters were overwhelmed with inquiries for information about lost and separated relatives. The need for a simple index of refugees was urgent. An information center was therefore established by the W. V. S. in its Refugee Department, lists of refugees being received through the Ministry of Health, embassies, legations, High Commissioners, and other sources. The card index in the Refugee Department includes 19,000 of the 24,000 war refugees known to the Aliens Department of the Home Office.

London Department.

The London Department carries out work in many of the above fields. It also has given special attention to assistance in the information or administrative centers to which bombed-out families go for aid. W. V. S. workers aid in staffing these administrative centers, providing workers to interview homeless persons, fill out forms referring, under the supervision of a trained welfare worker, the persons to the proper local authorities whose representatives are present in the administrative centers. In these administrative centers W. V. S. also is responsible for the distribution of clothing to bombed-out families.

The W. V. S. undertakes many other types of work to meet requests as they arise; for instance, it assists with welfare work, canteens, and libraries for H. M. Forces.

To What Is Success of the W. V. S. Due?

The success of the W. V. S. may be ascribed in general to the following:

1. The existence of a "cause": Serving Government in its civil-defense effort.
2. Brilliant and dynamic leadership and a great sense of individual responsibility for service among volunteers in each locality.
3. Organization at a strategic time when women were ready to give service and when service was needed.

4. Great flexibility and diversity of services offered to local authorities and the development of a variety of types of work so that one or more were available to all women who had some time to give regardless of their economic situation.

5. Centralization of essentially all women's voluntary effort in one organization ("under one umbrella").

6. Derivation of authority from Government agencies—national and local—but with freedom of action and ability to initiate and carry out programs within policies established in consultation with Government.

a. Regional and local organization of lines of authority in areas coinciding with regional commissioners' jurisdictions and regions designated by various Ministries.

b. Physical separation of headquarters office from the Home Office (responsible for civil defense), with resulting freedom to serve all Ministries.

c. Close coordination of work of local volunteers with that of local authorities.

d. Strengthening voluntary effort by a framework of paid workers trained in administrative procedure and assigned from civil service.

e. Financial security through aid in kind from the Home Office and local authorities and through funds for expenses of workers.

7. Organization of service as a specific contribution of women to the war effort.

The clear-cut identification of the organization with women's effort was in Lady Reading's opinion fundamental to its effectiveness. Both Government and the public realized that (*a*) certain jobs needing to be done in civil defense were par excellence women's jobs and (*b*) others commonly undertaken by men could be done by women to relieve men for military or industrial duty. This was true of both voluntary and paid jobs. It was felt that it was highly important that women should be made conscious of their part in the total war effort and that women who had time to give should contribute in an organized way. To develop the desirable esprit de corps it was important to organize the work as a women's service.

The use of symbols which indicated that an individual was included in the group effort and was making a contribution in service was of great effect in developing and maintaining this esprit de corps. The identifying insignia are a "standard dress" for everyone regardless of position held, two types of badges (one with a crown and letters, one a monogram of letters), arm bands and sleeve insignia, and special badge insignia for administrators and organizers. The use of the insignia on letterheads which identified the Women's Voluntary Services with the civil-defense effort was another useful device for building up interest.

Though the identification of the Services as a women's effort was a conscious one, it was in no sense done in a spirit of competition with men. Rather there was felt a very real sense of coordination of women's services with men's services. The close tie-up with local authorities helped to insure this.

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